

Assumption of costs



Guest name: _____
Booking number: _____
Arrival: _____
Departure: _____
Number of nights: _____
Number of rooms: _____
Number of persons: _____

The following costs will be covered:

All costs Overnight stay Overnight & breakfast
Miscellaneous: _____

Credit card information:

The following credit card is to be used as a booking warranty

Credit card type: Visa Mastercard Amex Diners JCB
Card owner: _____
Card number: _____
Valid until: _____

Billing will be done per / Invoice will be sent to:

	Company information	Billing information (if needed))
Company		
Contact		
Address		
Mail		
Telephone		

Assumptions of costs will be charged with a processing fee of 30,00€

I hereby confirm that all the information listed above is correct. With my signature I confirm the booking and guarantee the payment

Stamp/Signature: _____ Date: _____

Please return this document fully filled out to rezeption@stays-bochum.de or Fax it to 0234 6100 171



Kontoverbindung:
IBAN: DE66 4305 0001 0019 4068 59
BIC: WELADED1BOC
PayPal-Konto: richter@anter-group.com
Steuer Nr.: Finanzamt Bochum Mitte
306 5724 2353

Firma: Kongress- und Hotelbetriebs GmbH
Anschrift: Stadionring 18, 44791 Bochum
Geschäftsführer: Lutz Richter
Amtsgericht: Bochum, HRB 11514
USt.-ID-Nr.: DE 215956299