

Please return by mail (info@hotel-hanseat.de) or by fax +49 211 55 02 72-77

Cost Acceptance

Herewith we confirm the acceptance for the costs, which result from the stay in the Hanseat Hotel.

Booking Information:

Guest Name:			Reservation No.:	
Arrival Date:			Departure Date:	
The following	g costs will be covered by ou	ır company:		
All Cos	-	Logis only		Parking
Logis	and breakfast	Other:		
Credit Card D	Details:			
Visa		Mastercard		JCB
Americ	can Express	Diners		
Card holder:			Expiry Date:	/
Card number:	:			
	edit card is to be used as a gua		•	•
The cr	edit is to be used on checkin d	ate to pay for the	amount due.	
Company Details:			Billing address (if different):	
Company Name	5			
Contact's Name	2:			
Address:				
Phone:				
	is, we authorise Hanseat Ho e amount due. We accept th			
	Stamp / Signature		Date	