



HOTEL DES INDES
THE HAGUE

THE
LUXURY
COLLECTION

Please send the fully completed form to our direct fax number.
Our fax number is +31 (0) 70 361 2350

Dear Sir/Madam,

I, _____
(credit card holder's full name), agree for Hotel Des Indes to charge the following specification on my credit card:

- Room Including VAT + city tax only
- Room Including VAT + city tax + Breakfast
- All charges
- Other (please specify) _____

I understand that the room rate per night is €230,00 including breakfast + city tax of €3,35 per adult per night.

Guest name(s)	Confirm. Number(s)	Arrival date	Departure date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My credit card details are as follows:

Credit card type _____

Credit card issuer/ Name of the bank _____

Credit card number _____

Expiration Date _____

Billing address (Full address of the cardholder):

Name (As shown on credit card) _____

Address _____

City _____ Zip Code _____ State _____

Country _____ Tel. Nr. _____ Fax Nr. _____

Signature _____ **Date** _____