

PUTERI LILIN SDN BHD (673811-H)

bp HOTEL PINTAR, PARIT RAJA

No. 2 Jalan Siswa Jaya 1, 86400 Parit Raja, Johor, MY

Hotel Hotline: 013.3337800 Fax: 07.4530033

Head Office: 03.62019333 Fax:03.62019939

bookings@hotelpintar.my www.hotelpintar.my



BUTIR-BUTIR TEMPAHAN BILIK / ROOM RESERVATION PARTICULARS

Nama Tetamu / Guest Name [Grid]

Tarikh Penginapan / Check In Date [Grid] JUMLAH / Total

Table with columns: Jenis & Bil. Bilik / Room Types & No. of Rooms, Executive (1 King + 1 Sgle) RM 185.00 ++, Deluxe Triple (1 Queen + 1 Sgle) RM 145.00 ++, Deluxe Double (1 King / Queen) RM 125.00 ++, Standard Room (1 King / Queen) RM 110.00 ++, Others: Total:

BORANG KEBENARAN DEBIT KAD KREDIT / CREDIT CARD DEBIT AUTHORISATION FORM

Saya dengan ini memohon dan membenarkan Hotel Pintar mengenakan kepada dan mendebitkan akaun kad kredit saya untuk pembayaran bagi Sewaan Bilik di Hotel Pintar, Parit Raja bagi bilik-bilik serta tempoh penginapan seperti dinyatakan di bawah.

I hereby request and authorise Hotel Pintar to charge to and to debit my Credit Card Account to pay the Room Rental Charges at Hotel Pintar, Parit Raja for the selected rooms and length of stay as stated below.

Form fields for: Nama / Name, No. K. P. / NRIC No., No. Kad Kredit / Credit Card No., Tarikh Luput Kad / Card Expiry Date, Alamat / Address, No. Telefon / Telephone No., H/P, E-Mail, Bank Pengeluar Kad / Card Issuing Bank, No. K. P. Lama / Old NRIC No., Visa, MasterCard

Saya / Kami setuju bahawa pembatalan penginapan haruslah dimaklumkan kepada pihak hotel 24 jam sebelum hari menduduki secara bertulis (fax / email sahaja) dan kegagalan akan dikenakan caj bilik malam pertama seperti di atas. I / We agree that any cancellations will have to be informed to the hotel 24 hours advance of check-in date by way of writing (fax / email only) and any failure will result in first nights charge for the rooms stated above.

Form with checkboxes and text: Saya telah masukkan Tunai / Cek ke akaun syarikat tuan di / We have deposited Cash / Cheque to your company account at: MAYBANK 5-14721-30095-8. Sila debitkan kad kredit saya bagi jumlah seperti di atas. Please debit my credit card for the amounts as above.

Tandatangan Pemegang Kad Kredit / Signature of Credit Card Holder

Tarikh : / Date:

Nama & Tandatangan Saksi / Name & Signature of Witness

Tarikh : / Date: