

ABBNEY VILLAS FLORIDA

RENTAL BOOKING FORM

YOUR DETAILS

Booking in the name of:-

Address:-

Tel No (Home):-

Tel No (Work):-

Fax No:-

E-mail:-

Names of All People in Party:- (Please include ages of all children under 18)

1

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ARRIVAL DETAILS

Arrival airport: _____ Arrival Time:- _____ Flight No: _____

RENTAL DETAILS

Length of stay: _____ nights. Arrival Date: _____ Departure date: _____

PAYMENT DETAILS

Full Balance of **USD \$..... or £stg**

to be paid by: *(please indicate preferred payment method so we can send you relevant payment instructions)*

Bank Credit Transfer directly to Wachovia Bank

Payment by cheque in £ sterling

Credit Card payment to K & W Management Company Inc. (incurs 3% service charge)

**** N.B.:- Full payment is due if the booking is made within 10 weeks of the beginning of your rental period.**

We require credit card details from all clients on booking accommodation. These details are held as security against any damages incurred to the property or its contents during your stay. In this case the credit card will be debited to pay for repair or replacement.

VISA NUMBER _____ EXPIRY DATE _____ SECURITY CODE _____

I confirm that I accept the above booking, have read the terms and conditions attached, and agree to be bound by them

Signed:-

Date:-