

To : Reservation Department
Fax : 603 8943 1122
Email : rm@palmgarden.com.my
: reservation@palmgarden.com.my



Confirm

Tentative

FIT RESERVATION FORM

Reservation Amendment Cancellation Date: _____
 Confirmation No. _____

Guest Name : _____ **Caller's Name:** _____
Company: _____ **Contact No :** _____ (tel) _____ (fax)
E-mail Add: _____ **Returnee:** _____ (Total no. of visits)
Arrival Date: _____ **Arrival Time :** _____ hrs **Departure Date :** _____

Accommodation Information and Special Request

Room Type	No. of rooms	No. of Pax	Room only	Additional Breakfast @ RM24.00 Nett / Person	Rate Code	Special Arrangements
Heliconia Twin	<input type="text"/>	<input type="text"/>	RM250.00 Nett	<input type="text"/>	<input type="text"/>	_____
Orchid Twin	<input type="text"/>	<input type="text"/>	RM300.00 Nett	<input type="text"/>	<input type="text"/>	_____
Orchid King	<input type="text"/>	<input type="text"/>	RM300.00 Nett	<input type="text"/>	<input type="text"/>	_____
Anthurium Suite	<input type="text"/>	<input type="text"/>	RM400.00 Nett	<input type="text"/>	<input type="text"/>	_____

Smoking Room Early arrival: _____ (hrs)
 Non Smoking Late check out: _____ (hrs)

* For any early arrivals, we would require to secure the rooms one night before and chargeable at FULL ROOM RATE per room per night
 * For late check out before 6pm, HALF ROOM RATE per room per night would be appreciated.
 * For late check out after 6pm, FULL ROOM RATE per room per night would be implemented.

Transportation Service

Airport Pickup

Flight Details: _____ **Flight no. :** _____ **Arrival time :** _____ **Date :** _____

Airport pickup will guarantee using the same credit card for room accomodation
 Airport transfer service can be arranged before departure date at the reception desk.

Billing and Reservation Instruction

Mode of payment: Personal Account
 GTD by: Credit Card

CREDIT CARD AUTHORISATION FORM FOR THE PAYMENT OF ROOM

I, _____ NRIC/Passport No: _____ hereby undertake to
 pay the following hotel charges of RM _____

Cancellation must be made in writing and will be valid only upon receipt of confirmation from Hotel.

The following cancellation charges will apply:

A fee of ONE nights per room will be charged if the written cancellation is received by the Hotel less than three (3) days prior to arrival date for FIT.

In case of No - Show, the hotel will charge the first night of the bookings accordingly

Please debit my credit card account accordingly for the above charges incurred:

Signature as per credit card

Type of credit card : _____
 Credit card number : _____
 Visa/Master ID number : _____
 Expiry date : _____
 Cardholder's address : _____
 Cardholder's Telephone number : _____
 Remarks : _____

Please enclose photocopy of front and back of credit card with cardholder's speciment signature on credit card

Complete form with the valid credit card will be reply by the confirmation

House Use	<input type="text"/>	Remarks: _____
Comp	<input type="text"/>	_____
Upgrade	<input type="text"/>	_____
Special Rate	<input type="text"/>	_____
Recommended by :	_____	Approved by: _____
	Name	General Manager

Taken by: _____
 Date: _____
 Keyed in by: _____
 Date: _____