



Avaneo Hotel Marktredwitz

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D-95615 Marktredwitz

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Declaration of cost coverage

In order for you or your guests to check out comfortably on the day of departure, we need the following information for a smooth and safe process:

We hereby confirm that we will cover the hotel costs.

Booking Information:

Guest name | Guest of company: _____

Reservation number: _____ Arrival: _____ Departure : _____

Number of Rooms: _____ Single Room _____ Double Room _____ Category: Premium Deluxe

The following costs are covered by the company indicated below:

All expenses Accommodation only Accommodation incl. Breakfast Other: _____

Credit card information (not necessary for companies with corporate contract):



Credit Card Number: _____ Valid Thru: _____ CVV: _____

The credit card is for guarantee, payment on invoice please.

The credit card is used to charge the amount due on the day of arrival.

Company | Billing Address: _____

Contact: _____ Department | Cost Unit: _____

Street No.: _____ ZIP | City: _____

Phone | eMail: _____

We hereby confirm that all the above information is correct. By signing, we authorize Avaneo Hotel Marktredwitz, BLOQWERRK DEUTSCHLAND INC to charge the credit card as indicated above, or to invoice the amount. The general terms and conditions and the hotel accommodation contract are accepted.

Place | Date | Stamp | Signature | Name in Block letters

Please send the completed cost transfer form by e-mail to mak@avaneohotels.com or by fax to +49 (0) 9231 - 40 700 77.
Thank you very much!