

TRAVELMED LTD

Vorovskogo St, 36, apt. 24 A, Sochi, Russian Federation, 354000
Payment account No. 40702810720230000265
at GRKC GU Bank of Russia in Krasnodar Region, Krasnodar
Corr. account No. 3010181040000000548, BIC 040349548 INN 2366001521, KPP 236601001
Tel./fax: 8-918-103-09-40, 8-988-162-11-16, e-mail: sales-uks@list.ru

AGREEMENT

« _____ » _____ 20__.

Please consider this agreement as confirmation that I,

Mr./Ms. _____

Tel/ Fax _____

Address _____

Shall pay for the following services:

- ACCOMMODATION
 OTHER SERVICES (specify _____)

For a guest(s) at the Hotel:

staying under reservation number (invoice) No. _____

from _____ 2018 until _____ 2018.

Payment for services rendered to the Guest shall be made by:

Bank card

Card type _____

Card number _____

Expiration date _____

Name of the card owner _____

Attachment: copy of the passport, copy of the front side of the card

I have read and agree with rates for the services of the Hotel _____

Signature _____

I, _____, agree that I must
pay for the services **by bank card** prior to their provision.

Signature _____

TRAVELMED LTD

Vorovskogo St, 36, apt. 24 A, Sochi, Russian Federation, 354000
Payment account No. 40702810720230000265
at GRKC GU Bank of Russia in Krasnodar Region, Krasnodar
Corr. account No. 3010181040000000548, BIC 040349548 INN 2366001521, KPP 236601001
Tel./fax: 8-918-103-09-40, 8-988-162-11-16, e-mail: sales-uks@list.ru

I, _____ have been informed and agree that if I fail to pay for the services I have reserved by the time they are rendered, the services shall not be provided

Signature _____

Total amount by card: _____

(amount in writing)

Cancellation terms:

I, _____ agree that prior to April 20, 2018 I may modify the following without penalty:

Dates of stay without changing the duration of the stay,

Room category,

Full name of the participant.

Signature _____

I, _____ agree that if I am late or fail to show (cancel) for this reservation, TravelMed LLC shall retain 100% (One hundred percent) of the cost for the entire period of the reservation as well as costs incurred by the Hotel for the ordering of additional services.

Signature _____

Signature

Full name

Date