

Gasthof Rebstock



Hotel Gasthof Rebstock
Herr Peter Wieland
Werastraße 35
88045 Friedrichshafen

Invoice recipient

Complete company designation / adress

Declaration of cost coverage

please return to us before arrival / mail: info@gasthof-rebstock-fn.de - fax: +49 7541 950164-11

Responsible contact: _____

I/we hereby declare,

that the following costs arising from the existing booking and any further use of hotel services incurred by us/our employees will be borne by the above mentioned invoice recipient:

overnight stay breakfast Consumption in our restaurant all costs incurred

All costs not stated above must be paid by the guest on departure. Should one of our employees overlook this, we will assist the service provider (Hotel Gasthof Rebstock) in obtaining the data necessary for invoicing.

Booking number: _____ Name of the arriving guest: _____

The following payment arrangements apply to the assumption of costs requested by us:

prepayment email adress for invoicing: _____

credit card credit card number: _____

valid until: _____ / _____ Check digit: _____

credit card holder: _____

Your credit card details are required for a valid cost transfer even in the case of advance payment. In this case, they serve as security. Payment must be received by the time of arrival. If this is not the case, or if it is not possible to charge the credit card, the costs incurred must be paid by the guest on site.

I/we hereby confirm and accept this declaration of assumption of costs and all the above conditions.

Place, date

signature, stamp