

DIANI BEACHALET'S (2003) LIMITED

Booking By Fax Form (Credit Card version)

Please print out this form using your computer's printer, fill in the information, sign and mail it or fax it to **Diani Beachalets, P.O. Box 5076, Diani Beach, 80401, South Coast, Kenya +254 040 3202180**

First Name _____ Last Name _____

Date _____

Citizenship: _____

Passport No.: _____

Address _____

Day Phone _____ Home Phone _____

Type of cottage requested: 1 bedroom 2 bedroom cottage
 3 bedroom cottage 4 bedroom cottage Banda

Requested arrival date _____ Requested leaving date _____

Total No of Adults _____ Total No of Children _____ TOTAL

Total no of night's accommodation requested _____

I understand that:

- A deposit of 20% of the total booking is due within 3 days or the reservation is cancelled
- Balance is due on arrival.
- **Cancellation policy :**
The 20% deposit is non-refundable
- Trip cancellation insurance is highly recommended.

- For information regarding possible **dangers at international destinations**, contact the Travel Advisory Services for your area.
- **For medical information** on travel-related illness, please contact your doctor or local public health officials,

Signature _____

Date _____

CREDIT CARD/DEBIT CARD

I would like to charge the _____ Deposit (20%)

or _____ balance _____ or Total _____

Please charge my credit card: ___ **Visa** ___ **Master Card**

CARD DESCRIPTION (REQUIRED)

This is my **personal** card: _____

This is my **corporate** card: _____

Card Number: _____

Expiration Date: _____

Security Code _____ (The last 3 digits on the rear of the card)

Name as printed on the card :
(must match the booking name)

Cardholder Signature: _____ Date: _____
