



# Inglis

## ACCOMMODATION REQUEST FORM

Surname: ..... Title: Dr / Mr / Mrs / Ms

Other name/s: .....

Email: .....

Fax: ..... Mobile: .....

### HOTEL REQUESTS

**The hotel will be advised of your credit card details to guarantee your booking**

Check in date: ..... Check out date: .....

#### 1<sup>st</sup> choice

Hotel name: ..... Room type: .....

#### 2<sup>nd</sup> choice

Hotel name: ..... Room type: .....

#### 3<sup>rd</sup> choice

Hotel name: ..... Room type: .....

### CREDIT CARD DETAILS

Type (Amex, Diners, Visa etc): ..... Name on Card: .....

Card #: ..... Exp Date: .....

### Authority for William Inglis & Son Ltd to bill your credit card

I hereby authorise William Inglis & Son Ltd to debit my credit card for accommodation as per the above booking.

Signature: ..... Date: .....

Additional Information & Requirements: .....

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Please fax completed form to (02 9398 5547 or email [christina@inglis.com.au](mailto:christina@inglis.com.au)

The booking will then be made and a confirmation email sent to you.