



Attention: The Manager

Dear Sir,

Please book the following room(s) for me on the dates specified below.

Guest details:

Surname: _____

Given Names: _____

Address: Number ____ Street _____ State _____

Country _____ Postcode: _____

Contact telephone number: Area Code 0__ - _____

Fax: 0__ - _____

Mobile: 0_____

Date booking made: ____ / ____ / _____

Date In ____ / ____ / _____ No of Nights ____

Deposit taken to secure booking: \$___.00 (Receipt will be faxed/mailed to you).

(Please note that deposit is not refundable unless cancellation is notified by fax or mail at least 72 hours before the requested check-in date)

Method of Payment (please circle):

Cash Direct Deposit Credit Card Cheque

(please make cheques out to 'Buffalo Motel and Country Retreat' - allow 5 days for cheque clearance)

***Credit card details** (* Please note a processing fee of 1.5% may apply in some circumstances)

MASTERCARD VISA BANKCARD EFTPOS

Credit card number: _____ Expiry date: ____/____

Buffalo Motel Direct Deposit Details

BSB No.: 303 111

Account No.: 053 951 7

Account Name: BUFFALO MOTEL AND COUNTRY RETREAT PTY LTD

Bank: BANK OF WESTERN AUSTRALIA LTD



buffalo motel and country retreat

ACN 054 120 231

Please specify type and number of rooms required in the form below:

	Single	Double	Queen	Twin	*Triple	*Family
Number of rooms						
Maximum number of persons in room	1	2	2	2	3	4 or 5
Expected time of arrival						
Date check-in						
Date check-out						

* Additional person charge to be added where applicable

Please complete an additional form below when the check-in or check-out dates for any guest is different to the other rooms booked.

	Single	Double	Queen	Twin	*Triple	*Family
Number of rooms						
Maximum number of persons in room	1	2	2	2	3	4 or 5
Expected time of arrival						
Date check-in						
Date check-out						

* Additional person charge to be added where applicable