



Accommodation Booking Form Palmex Thailand 2018



Venue : Maritime Park & Spa Resort, Krabi, Thailand

Attn: Khun Wanna Siritthammaphan
Reservation Manager/Maritime Park & Spa Resort
Tel : (6675) 620 028-36 Fax : (6675) 612 992
E-mail : booking@maritimeparkandspa.com

Date.....

New Booking Amend Booking Cancellation Booking

Arrival Date.....Flight.....Time.....Departure Date.....Flight.....Time.....

Guest Name 1 : Guest Name 2 :

Company Name..... Contact Person.....

Tel : Fax..... E-mail.....

Accommodation Request: All room type are included Breakfast & VATgr

Deluxe Room	1,600.-Baht/Night	<input type="checkbox"/> Single	<input type="checkbox"/> Twin
Floral Suite	2,000.-Baht/Night	<input type="checkbox"/> Single	
Maritime Suite	3,000.-Baht/Night	<input type="checkbox"/> Single	
Extra Bed	900.-Baht/Night	Include ABF	

*** Special price : Before august 1st 2018**

Reservation Process :

- Send this request form to our Reservation Office **fax 6675-612992 or E-mail : booking@maritimeparkandspa.com**
- Reservation Office will send your confirmation and 1 night deposited request to secure your reservation
- The confirmation subject to room availability, **first come fist serve basis**

Payment Terms:

Please made payment to hotel's account :
 Account Name : Krabi City Hotel & Resort Co.,Ltd
 Bank Details: Krung Thai Bank Krabi Branch
 Saving Account No.: 812-1-77777-1
 Swift Code : KRTHTHBK

If you prefer to pay by credit card please fill up our credit card form as attach file

For Maritime Park & Spa Resort's Reservation office only.

Confirm Booking Number.....



Confirm By.....

Confirm Date.....

Credit Card Payment Authorization

Contact Person.....	Wanna Sirithammaphan
Company Name :.....	Maritime Park & Spa Resort
Phone Number :.....	Phone Number : 6675-620 028-36
Fax Number :.....	Fax Number : 6675-612 992
E-mail :.....	E-Mail ; booking@maritimeparkandspa.com

Dear Reservation,

I hereby authorize you to charge the total amount of charge THB.....
Into my credit card stated below:

Guest Name:.....	Confirmation No.....
Arrival Date.....	Departure Date.....
Date Of Charge.....	

Card Type Visa Card Master Card American Express

Card Holder Name: _____

Credit Card Number: _____ Expiry Date __/ __

CVV Number : __ __ __ (The letter 3 number in the back of card)

Card Holder's Signature _____

Remark :

- Please attach a copy of two side of your credit card
- To assure the safety of each party, should be a one time letter of authorization for credit
- After charged, we will send back the payment copy to you.