

Paul van Vlissingenstraat 8, 1096 BK Amsterdam, the Netherlands  
T +31 (0)20 - 820 44 10 E hotel.amsterdam@postillionhotels.com



## Reservation form

Name guest: \_\_\_\_\_

Arrival: \_\_\_\_\_

Departure: \_\_\_\_\_

Nights: \_\_\_\_\_

Price single room: €169,- including breakfast/ excluding city tax per night

Extra charge double/twin room €15,-

Room type:  Single use  Double use  Twin

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Thank you for your reservation at the Postillion Hotel Amsterdam. Can you please fill in the form and send it to [reservations@postillionhotels.com](mailto:reservations@postillionhotels.com). You will receive a confirmation *within 24 hours*. In case you have any questions, please do not hesitate to contact us via number +31 (0)85 0580101

Guarantee of the reservation:

### Cardholder information

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### Gift information

Fund Name or Gift Purpose: \_\_\_\_\_

- I provide my credit card as a guarantee for the extra costs during the event
- I authorize a one-time charge against my credit card for the follow amount € \_\_\_\_\_
- I authorize a recurring charge against my credit card for the following amount
- € \_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning
- \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and ending after \_\_\_\_\_ payments.

### Credit card information

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_

*Thank you very much for your reservation and we look forward to welcome you!*