

PLEASE COMPLETE AND RETURN FORM TO THE ABOVE ADDRESS

Postcode

Title Initials Name

Address

.....

.....

Work

Email

Telephone Numbers: Home

Mobile

Fax

PARTY DETAILS

Title	Initial	Surname	Age	Title	Initial	Surname	Age

I declare that I am over 18 years of age and fully accept and will abide by the Booking Conditions laid down in the Coastal Cottages brochure for the year relevant to the holiday

Signature Date

We provisionally hold the property of your choice for 4 working days from the date you booked by telephone.

PROPERTY REQUIRED

Property Ref: No.	Property Name	Holiday Date Arrival	Holiday Date Departure

Pets No. () £30 Each Per Week	£
Property Rental Week 1	£
Property Rental Week 2	£
Booking Fee	£15.00

Total Due	£
Deposit (1/3 of Total Due)	£
Balance	£

PAYMENT BY CREDIT CARD

Please note a surcharge of 3% will be made for credit cards

I authorise Coastal Cottages to charge my account with the payment for my holiday



Cardholders name (capitals please)	Credit Card Type:	Debit Card Type:
------------------------------------	-------------------	------------------

Credit Card No.

Card Security Code (Last 3 digits on or beneath the signature strip)

Valid from /	Expiry date /	Maestro Issue No.
--------------	---------------	-------------------

Please deduct the Deposit for my holiday from this card upon receipt of this Booking Form and deduct the Balance from the same card 8 weeks before the start of my holiday.

Please deduct the whole payment for my holiday from this card upon receipt of the Booking Form.

Please deduct only the Deposit for my holiday from this card upon receipt of the Booking Form.

Cardholders Signature

Cardholders Address if different from overleaf

Please state where you saw our Advertisement