



CENTRAL RESERVATION - THE GRAND SELECTION

CIF : B-93186807
Puerto Banus - Marbella - Costa del Sol - Spain
Tel: +34 951 204 417

THE GRAND SELECTION

To secure and keep your booking please print and complete this form. Then send it us by email please.
Kindly note that we are not holding any reservations for you at the moment. Please revert back to us as soon as possible to avoid disappointment.

VILLA PADIERNA THERMAS CARRATRACA RESERVATION FORM					
Type of room *	<input type="checkbox"/> Classic Single Room <input type="checkbox"/> Classic Queen Room <input type="checkbox"/> Deluxe King Room			<input type="checkbox"/> Classic Junior Suite <input type="checkbox"/> Deluxe Suite	
Num. adults *			Num. children (< 12 y.o.) *		
Date check-in *			Date of check-out *		
Extras – please tock your choice					
<input type="checkbox"/> OFFER:			<input type="checkbox"/> Terrace Supp. + 31 € <input type="checkbox"/> Healthy Half Board + 45 € <input type="checkbox"/> Healthy Full Board + 90 € <input type="checkbox"/> Parking + 5 € <input type="checkbox"/> Cot up to 3 year Free <input type="checkbox"/> Extra Bed + 59 €		
<input type="checkbox"/> Private Transfer Round Trip (1 to 6 persons) + 280 €					
Firstname *			Lastname *		
Address					
Postal code		City		Country	
Home phone			Work phone		
Mobile phone			Fax		
email *					
Credit Card Information					
Type of credit card *	<input type="checkbox"/> VISA (+1,5%) <input type="checkbox"/> EUROCARD/MASTERCARD (+1,5%) <input type="checkbox"/> AMEX (+6%)				
Credit card number *					
Expiry date (mm / yyyy) *			CVV or CVV2 code *		
Credit card holder's name *					
Amount to be paid (€)					
Payment method *	<input type="checkbox"/> Prepayment credit card <input type="checkbox"/> Bank transfer				
Comments					

* Mandatory fields.

I, the undersigned, hereby give my authorization to charge my credit card for the services specified above.

* Supplement charge payment from Visa or Master Card + 1,5% Amex + 6%.

* I have read and accept the booking conditions listed on the mail.

Date :

Card Holder's signature :

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BANK TRANSFER DETAILS:

Title.....TGSH & RUMEX
Name of the Bank.....SANTANDER
Branch adress.....Muelle Ribera, Loc.3-4, Marbella 29600 (España)
Swift Code.....BSCHEMM
Account number.....0049 2189 76 2914037387
IBAN.....ES41 0049 2189 76 2914037387

Bank transfer concept: REF _____

Please note that all transfer fees will be paid by the customer. (Thank you to indicate option number on transfer reference)
When you make a payment - please send us confirmation of bank transfer by mail.

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