



REQUEST RESERVATION AND NO SHOW AUTHORIZATION

All fields must be filled out; otherwise the reservation cannot be completed

GROUP NAME: AASSA GROUP

COMPANY: _____

CONTACT: _____

CONTACT NUMBER: _____ E-MAIL: _____

ROOM TYPE: Suíte House Room

() SINGLE ROOM () DOUBLE ROOM () DOUBLE ROOM (TWIN BED)

*ADULTS PER ROOM (maximum of 02 adults per room)

GUEST NAME (surname/fist name): _____

ARRIVAL (mm/dd/yr): _____ DEPARTURE (mm/dd/yr): _____

GUEST NAME (surname/fist name): _____

ARRIVAL (mm/dd/yr): _____ DEPARTURE (mm/dd/yr): _____

DAILY RATE: Special Rate **R\$ 450,00 SINGLE ROOM or R\$ 507,00 DOUBLE ROOM + 5% ISS + R\$ 3,20 Tourism Tax**

*The room rates included: Breakfast served in our Restaurant / Internet Access / Fitness Center / Afternoon tea served in our Lobby

**Check-in 2p.m. / Check-out 12p.m.

***The rates are expressed in Reais (BRL) per day and per apartment.

PAYMENT METHOD: Directly by guest at check out time. Please note that the Hotel just accept in cash or credit card.

NO SHOW GUARANTEE: I, _____ authorize the no show guarantee in my credit card regarding the reservation as request above. No show guaranteed will be charged the first daily rate of each reservation in case of no-show or cancellation after the deadline.

Authorize the charge of:

() Only no-show guarantee

() Daily + **TAXES:** (5% ISS + R\$ 3,20 Tourism Tax)

() Daily + **TAXES:** (5% ISS + R\$ 3,20 Tourism Tax) and extra expenses

CREDIT CARD DETAILS

() Diners Club () Credicard / Mastercard () Visa () American Express

Card Holder's Name: _____

Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Passport ID: _____

ADDITIONAL INFORMATION:

This request must be sent in attention to Reservation Department by faxed (+55 11) 3059-3288 or emailed (reservas@estanplaza.com.br)

GUARANTEED RESERVATIONS will be kept until 12 o'clock of the day following the check-in date

CANCELATIONS must be done up to 30 days prior to check-in date, after that it is subject to a cancellation penalty - one night room charge plus applicable taxes.

Attach a copy of the Card Holder's ID (both sides) AND a copy of the credit card (both sides);

The signature must be similar to the credit card's signature.

Signature: _____ Date: _____ / _____ / _____

ESTANPLAZA INTERNATIONAL

Rua Fernandes Moreira, 1.293 – Chácara Santo Antonio – São Paulo / SP

Fone: +55 xx 11 5185 4600