



Cost absorption declaration

Booking information

Guest name: _____

Arrival date: _____

Departure date: _____

Number of nights: _____

Total amount in €: _____

We declare to assume the following costs for bookings made by us / by employees:

Accomodation

Breakfast

Lunch / Dinner

all costs

other costs: _____

All costs not specified above must be paid by the guest upon departure.

Company and invoicing address:

Company: _____

Street: _____

Post code/City: _____

Phone: _____

Mail: _____

Contact person: _____

Payment by invoice (IMPORTANT: For reasons of security, please always provide a credit card number. Otherwise we cannot accept the declaration of cost absorption)

The costs should be charged to the credit card below

Visa

Mastercard

Cardholder: _____

Credit card number: _____ Expiry date: _____

Company stamp

Date

Signature (legally binding)

Please send the completed form by mail to info@wirtshausgarbe.de