

WORLD RESORT

P.O Box 500066 Saipan MO96950
Tel # 670-234-5900 Fax # 1-670-234-5909

Confirmation # _____
Confirmed by : _____
ROOM # _____

HOTEL ROOM RESERVATION FORM

A. Room Reservation Request :

Guest Name : _____

Phone # _____ Email Address: _____

Check In Date : _____ Check Out Date : _____ No. of Nights _____

GUEST NAMES:

guest 2:		age	
guest 3:		age	
guest 4:		age	
Additional \$60 for TPL	guest 5:		age

No. Of Adults (12 and above) _____ No. Of Kids (4-11 years old): _____ Total # guest : _____

Check In Time : 10:00am Check out Time : 3:00pm

3 rd adult in one room will be charge \$60 per night. The standard occupancy per room is 2pax (base on adult) Up to 2 children are allowed for maximum of 4 pax per room

B.Room Type & Room Rate :

- | | | |
|---|---|--|
| <input type="checkbox"/> Superior (Twin Beds)
\$99.00 | <input type="checkbox"/> R-Deluxe (1 Twin + 1 King beds)
<input type="checkbox"/> Deluxe (2- Twin Beds)
\$119.00 | <input type="checkbox"/> Pororo (1 Twin + 1 King beds)
\$160.00 |
|---|---|--|

C. Billing

Hotel requires the credit card guarantee for all reservation

Pls. note that the reservation is guaranteed by the credit card information provided. All amendments or cancellation should be according to cancellation policy (See below notes) ; Please note that room occupants will be liable or responsible for any un-paid charges, damages, or missing items inside the rooms Should this un-paid bills or damages occurred after the guest has departed, hotel reserve the right and guest hereby authorized the hotel to charge the credit/debit card provided by guest during stay.

Please bill to my credit card with the following details :

- Master
 Visa
 Amex
 JCB
 DC

Card # : _____ Expiry date: _____ CVV # _____

Notes :

Cancellation Policy :

- | | |
|---|---|
| > NO REFUNDS for any unused rooms
> 50% cancellation fee (same day with notice) | > Card Holder's name on credit card must be same with the guests name
> 100 % NO SHOW (without notice) |
|---|---|

Guest Signature _____ Date : _____

CREDIT CARD AUTHORIZATION FORM

Hotel : SAIPAN WORLD RESORT

Individual/Reservation/Group or Event Name

Reservation Confirmation Number :

Arrival or Event Date(s)

Credit Card Billing Address

City / State / Zip / Country

Contact Phone Number

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply :

- | | | |
|---|--|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> Gift Certificate |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Advanced Deposit | <input type="checkbox"/> Other - see comments | |

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply) :

Comments :

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number :

Name on Card

Expiration Date

CCV / SEC Code

Signature of Card Holder

Current Date

Please fax this completed form to Hotel Fax# : 1-670)234-5909

Note : Please provide us any copy of your Identification Card. (i.e. Passport, Driver's License)