FURNISHED FLATS BOOKING FORM

REALTYCARE
PROPERTY MANAGEMENT

Complete this form in capital letters and return it to	**REALTYCARE® PROPERTY MANAGEMENT**	
Internal Use only	Address	Avenue Louise 409 B00
Stamp		1050 Bruxelles (Belgique)
Ref. File : File completed :	Tel	+32 (0)2 450 56 56
Acceptation : Refund :	Fax	+32 (0)2 706 56 56
	E-Mail	info@RealtyCare.be

Family name _____ First name _____

Company (and details) _____

Address _____

Zip code _____ City _____ Country _____

Tel _____ Fax _____ Email _____

VERY IMPORTANT

To confirm your booking, a deposit (see below for conditions) is required in advance as well as your authorisation to charge your credit card. Once payment has gone through, confirmation of your booking will be sent. The prepaid deposit will be deducted from the bill when checking out. The remaining amount to be paid is to be settled **directly with RealtyCare**.

RESERVATION

Address and Apartment type : _____

Arrival date : _____ Departure date : _____ Period : _____

PRICES AND DEPOSIT

Prepayment required : _____€

Please note that the reservation is NOT confirmed until RealtyCare has received this signed Authorisation form and pre-payment.

CANCELLATION

In case of written cancellation sent to RealtyCare up to 30 days before date of arrival, no fee will be charged and the deposit will be refunded. If cancelled later or in case of no-show, the total prepayment of the reservation will be charged.

GENERAL TERMS AND CONDITIONS

1. A deposit is required to confirm your reservation. For bookings a 100% deposit required.
2. Copy of the credit card and photographic ID to be attached with this contract.
3. Cancellations and/or amendments must be sent either per fax or e-mail (telephonic notices not allowed).
4. In case of cancellation or no-show, total cost of the prepayment (+ bank fees) is non refundable.

PAYMENT

☐ Cash

☐ Bank transfer *(Stating the name and Apartment Ref)*   Bank BNP Paribas Fortis   IBAN BE09001565420857   BIC GEBABEBB

☐ Credit card   ○ Visa/Visa Electron   ○ Mastercard   ○ Maestro   ○ Amex

    Card number _____ Expiration date _____ Code CVC_____

    I authorise O.T. Projects Sprl (RealtyCare) to charge my credit card with the above amount.

    Name of cardholder _____ Date _____

Signature _____   ☞ **BANK CHARGES MUST BE PAID BY THE CUSTOMER** ☜

REALTYCARE® *is a brand of O.T. Projects Sprl   –   Avenue Louise 409 B0   –   1050 Bruxelles   –   Belgique*
Tel   +32 (0)2 450 56 56   –   Fax   +32 (0)2 706 56 56   –   E-Mail   info@RealtyCare.be   –   Www.RealtyCare.be
IBAN BE45 0014 0466 5989   –   BIC GEBABEBB   –   IPI 503442   –   RPM Bruxelles   –   AXA 730.390.160   –   TVA BE 0859.855.906