

DIRECTIONS APARTMENTS BOOKING FORM

2/157 YORK STREET SUBIACO WA 6008

CONFIRMATION

Bookings are accepted on a priority basis. If your initial enquiry was for general information, we highly recommend you check availability of your required dates on the website (www.directionsapartments.com.au) before returning this booking form. Unpaid enquiries (pending bookings) are valid for 3 days (72hrs) only.

SECURITY DEPOSIT/PAYMENT

Bookings cannot be confirmed until we have received your non refundable deposit and credit card details with signed authorisation for payment. This secures your reservation and is a security deposit. We require balance of full payment on arrival. We accept Visa, Master Card, Cash or prior payment by Inter-bank transfer.

PARKING

2/157 York Street has one secure off street parking bay, located in the basement level of the building.

CHECK-IN 1400hrs CHECK-OUT 1000hrs.

We will try to accommodate for varying arrival/departure times subject to bookings.

DIRECTIONS APARTMENTS HAVE A STRICT NO PARTY POLICY

Large and/or noisy gatherings will not be tolerated in this quiet residential neighbourhood.

We look forward to welcoming you to 2/157 York St and know you will have a very enjoyable stay!

Please book accommodation at **2/157 York St Subiaco** for the dates shown below. I understand a three night non refundable deposit is required to hold my reservation. Below are my credit card details and signed authorisation to charge my card for the deposit upon confirmation, with the balance on day of arrival.

Even if you are paying by another method, we still require your credit card details to secure your booking. No extra amount will be charged, except in the case of damage or theft. By signing below, you agree to all conditions outlined on this form.

Arrival: Day _____ Date _____ Flight # _____ Date of Departure: Day _____ Date _____ Flight # _____

Time of Arrival _____ Time of Departure _____

Number of nights' accommodation _____ Number of Guests (maximum 2) _____

Amount Quoted \$ _____ per night x Total number of nights _____ Total Amount \$ _____

Full Booking Name _____

Home Address _____

Home Phone _____ Mobile _____

Email: _____

Credit Card: Visa / MC (Please Circle) **Number** _____ Expiry Date: _____
CC V _____

Signature of Card Holder _____ Date: _____

Bank Details ANZ - BSB 016.560 A/C 1985 47801

Please send completed form by scan/email or fax (08) 93882916, or P.O. Box 687 Subiaco 6904

DIRECTIONS APARTMENTS
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