



# Hotel Buenos Aires

VIA CLITUNNO, 9 - 00198 ROMA  
TEL. 06.855.48.54 - FAX 06.841.52.72  
www.hotelbuenosaires.it  
info@hotelbuenosaires.it

## ACCEPTANCE FORM TO BE FILLED IN AND UNDERSIGNED BY THE CLIENT

Hotel Name: HOTEL BUENOS AIRES  
Address: VIA CLITUNNO 9 – 00198 – ROMA  
Phone: +39 068554854 – Mail: [info@hotelbuenosaires.it](mailto:info@hotelbuenosaires.it)

**• I, THE UNDERSIGNED:**

Name and Surname.....

Room Number.....

Check in Date: .....Check out Date:.....

Email Address:.....

**• CARD HOLDER OF THE FOLLOWING CREDIT CARD:**

Kind of Credit Card:     Visa     Diners     Mastercard     AmEx

Credit Card Number:.....

Expiration date:.....

I know and I accept from now eventually extras ( phone calls, drinks or food from the bar or breakfast room, minibar, city tax or eventually and any damage caused to the Hotel or into the room/s) during my stay or noticed on my check out date and I authorize HOTEL BUENOS AIRES to charge on the credit card listed above, any amount will be necessary to compensate the Hotel.

I intend to take advantage of the “Express Check Out” service and authorize HOTEL BUENOS AIRES to debit the amount of all charges and expensed met during my stay on the credit card account identified above. In this way, I will be allowed to leave the Hotel without checking out.

**• TO FILL IN ONLY IN CASE OF INVOICE REQUEST:**

Company:\_\_\_\_\_

Address:\_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ ZIP Code \_\_\_\_\_

COUNTRY \_\_\_\_\_

VAT NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_



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### EXPRESS CHECK IN TO BE FILLED IN AND UNDERSIGNED BY THE CLIENT (please use capitol letters)

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Address: VIA CLITUNNO 9 – 00198 – ROMA

Phone: +39 068554854 – Mail: [info@hotelbuenosaires.it](mailto:info@hotelbuenosaires.it)

• **Main Guest (Surname and Name) :**

Check in Date:		Check out Date:	
Date of Birth:		Place of Birth:	
Address:			
City:		Country:	ZIP Code:
Document Type	<input type="checkbox"/> identity card	<input type="checkbox"/> passport	<input type="checkbox"/> Driving Licence
Document Number:			
Issue date:		Expiration date:	

### OTHER GUEST/S IN THE SAME ROOM

**GUEST 1**

Surname:		Name:	
Date of Birth:		Place of Birth:	
Address:			
City:		Country:	ZIP Code:
Document Type	<input type="checkbox"/> identity card	<input type="checkbox"/> passport	<input type="checkbox"/> Driving licence
Document Number:			
Issue Date:		Expiration Date:	



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### GUEST 2

Surname:		Name:	
Date of Birth:		Place of Birth:	
Address:			
City:		Country:	ZIP Code:
Document Type	<input type="checkbox"/> identity card	<input type="checkbox"/> passport	<input type="checkbox"/> Driving licence
Document Number:			
Issue Date:		Expiration Date:	

### GUEST 3

Surname:		Name:	
Date of Birth:		Place of Birth:	
Address:			
City:		Country:	ZIP Code:
Document Type	<input type="checkbox"/> identity card	<input type="checkbox"/> passport	<input type="checkbox"/> Driving licence
Document Number:			
Issue Date:		Expiration Date:	

**WE REMIND YOU THAT YOU MUST SHOW THE DOCUMENT AT THE  
CHECK IN TIME**

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