

HOTEL 315 RESIDENCES — RESERVATION FORM

Date: _____ Name of Agent: _____ Confirmation #: _____

GUEST CONTACT INFO: *Return Reservations to Fax: 615-866-0116*

Guest Name:	
Company:	
Address:	
City, State, ZIP:	
Phone 1:	
Phone 2:	
email:	

RENTAL INFO:

Check-in Date:	
Check-Out Date:	
# of ppl:	
Unit Type:	
Rental Rate (day/wk/mo):	
Tax amount:	
Total Rental Amt:	
Amt. of Deposit:	

DEPOSIT PAYMENT INFO: Method of Payment: *Check* *Credit Card*

Credit Card Type:	
Credit Card Number:	
Exp. Date:	
CVV#:	
Name on Card:	
CC Billing Address:	
City, State, ZIP:	

Return to Fax: 615-866-0116

FINAL PAYMENT INFO: Method of Payment: *Check* *Credit Card* Due Date: