



Addressed to

Your contact person

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Authorization from

Herewith I guarantee my booking and authorize the Hotel to charge the listed below credit card for the following payments or obligations.

Name of the guest

Total nights

Check in date

Check out date

Total cost

Credit card holder

Credit card number

Expiring date

Signature _____

Company address on invoice

Contact person

E-Mail

Phone

Info

Please fill out the form and send it back to our reservation office.

Via E-Mail reservations@mkhotels.de

Telefax +49 8723 978712220

Thank you for your reservation at one of our mk hotels. We are looking forward to welcoming you.

Best Regards

mk | hotel team

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