

# BOOKING FORM



Name .....

Agents stamp .....

Address .....

ABTA No. ....

Postcode .....

Ref .....

Tel (day) Tel (eve) .....

Tel .....

e-mail address .....

Fax .....

## All travellers

Surname (Mr/Mrs/Miss) <i>(as written on passport)</i>	Full Christian Name <i>(as written on passport)</i>	Age <i>(If under 12 or over 65)</i>	Accommodation <i>Twin/Family/Apt/Cottage Single/add'l room</i>	Special requests <i>(for example, Smoking/Non/Other)</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

## Our Flight Details (including return)

From	To	Date	Dep time
.....	.....	.....	.....
.....	.....	.....	.....

## Insurance

*In your own interests insurance premiums will be added to final invoice unless indicated below. No insurance needed:*

## Our insurers

## Policy number

*I declare that I have been provided with a copy of the policy wording and have read for myself and on behalf of those persons for whom I have arranged Travel Insurance (if applicable), the Important Notice relating to Travel Insurance.*

## Signature

## Date

## I enclose a cheque (made payable to Best Served Holidays)

## Number

## Amount

*Deposits @ £100 per person (some products require a higher deposit, this will be advised at time of booking)*

## Insurance

## Total enclosed

## I wish to pay by credit card

Mastercard  Visa  Switch / Maestro

## Account number

.....

## Security No. ....

*(Last 3 numbers on the signature strip)*

*Please Note: If you pay by credit card there is a 3% surcharge. No surcharge for payments made by debit card or cheque.*

## Expiry date

## Switch

## Issue number

## Please charge to my account £

*Charge balance to card eight weeks prior to departure*

Yes  No

## Signature

## Date

*I authorise Best Served Holidays Ltd to make this booking on behalf of the persons named above. I confirm that I am responsible for paying all monies due in respect of this booking and that I have read and agreed to abide by the booking conditions*

## Signature

## Date

## Accommodation

City	Hotel	Date	Nº of nights
.....	.....	.....	.....
.....	.....	.....	.....

## Transfer

City	Date	From	To
.....	.....	.....	.....
.....	.....	.....	.....

## Tour/Cruise

Tour/Cruise Name	Tour Nº	Dep. Date	Accom. Type
.....	.....	.....	.....
.....	.....	.....	.....

## Rail/Ferry

From	To	Dep. Date	Class
.....	.....	.....	.....
.....	.....	.....	.....

## Car Hire

Pick-up from	Leave at	Group	Dates	Nº of nights
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

## This form should be mailed to:

Best Served Scandinavia is a division of WEXAS LTD. 45-49 Brompton Road, Knightsbridge, London SW3 1DE [t] 020 7838 5956 [e] sales@best-served.co.uk [w] www.best-served.co.uk