
Hotel Management Client Information Sheet

1. Client Details

- Full Name:
- Contact Person (if applicable):
- Company/Organization Name:

2. Contact Information

- Phone Number:
- Email Address:
- Billing Address:

3. Event/Service Details

- Service Required (e.g., Room Booking, Event Management):
- Number of Guests:
- Preferred Dates:
- Special Requests:

4. Payment Information

- Deposit Paid (Yes/No):
- Preferred Payment Method:
- Billing Information:

5. Agreement

By signing below, I confirm that the details provided are accurate and agree to the hotel management terms.

- Client Signature: _____
- Date: _____