### horizontal line**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_