



Payment Method : Check Credit Card

Reservation Request

Corporate Comfort 340 North Main Plymouth, MI 48170 Telephone (734)420-3399 Fax: (734)420-5369

Date _____ **Leasing Coordinator:** _____
Reservation Confirmation # _____ **Guest Name:** _____
Contact Name: _____ **Departure Date (before 12 PM)** _____
Arrival Date (after 4 PM) _____ **Apartment Telephone #** _____
Property: _____ **Key Delivered Method** _____
Apt Address: _____ **Accommodation Rate** _____
 _____ **Re-cleaning Fee :** _____
City, State, Zip: _____ **Internet Fee:** _____
Notice To Vacate _____ nights required **Additional Fees:** _____
 Pet: Dog Cat Other Breed: _____ Weight: _____

Accommodation Rate and Applicable Taxes	Parking Rental	Long Distance Telephone	Pet Sanitation Fee	Additional Amenities (ie additional housekeeping)	Incidentals (ie missing or damaged items unpaid balances)
Direct Bill Client	Not Applicable	Not Applicable	Not Applicable	Direct Bill Client	Direct Bill Client
Client Credit Card	Direct Bill Client	Direct Bill Client	Direct Bill Client	Client Credit Card	Client Credit Card
Guest Credit Card	Client Credit Card	Client Credit Card	Client Credit Card	Guest Credit Card	Guest Credit Card
	Guest Credit Card	Guest Credit Card	Guest Credit Card		

Billing Name: _____ **Phone Number:** _____
Address: _____ Cell Number: _____
City/Street/Zip: _____ **E-Mail Address:** _____
Attention: _____ **Fax Number:** _____

Employer: _____
Employer Address: _____ **Social Security #:** _____

Phone Number: _____

Emergency Contact Name: _____
Emergency Contact Phone Number: _____

Guest/Client Representative agrees to Corporate Comfort's standard terms and conditions, which are attached hereto.

Corporate Comfort / Date

Client Signature / Date