

**Booking Request Form Hotel San Martín**

“ ..... ”

NAME : .....  
 CONTACT MAIL : .....  
 DIRECT PHONE NUMBER : .....  
 ROOM TYPE : .....  
 CHECK IN TIME : .....  
 CHECK OUT TIME : .....  
 METHOD OF PAYMENT : .....  
 \*\*EXTRAS PAYMENT : .....

ACCOMMODATION REQUEST DATE : .....

Payment document:

International Invoice : .....  
 National Invoice : .....  
 Receipt : .....

- Notes:
- At check-in time it is necessary to present your passport and immigration papers so they can be copied by the front desk agent; if you do this, you do not have pay Chilean taxes, as long as you pay in dollars.
- To request a national invoice you must send the following information:

Company Name : .....  
 Company I.D. : .....  
 Company Address : .....  
 Special Glossary : .....

Notes:

- Special rates are going to be respected to guests who express their participation at  
 “ ..... ”
  - Single/double room City view            USD131**
  - Single/Double room Ocean view        USD 156**
 Accommodation includes buffet breakfast at our restaurant Don Joaquín
- Modifications and cancellations must be notified with at least 72 hours in advance, or there will be an additional charge.
- **Check in Time is at 15:00.** If you need an earlier check in, you must request this in advance; an additional charge will be added to your bill, depending on your arrival time.
- **Check out time is at 12:00.** If you need a late check out, you must request it in advance; an additional charge will be added to your bill, depending on your check-out time.
- Send a Request Form to [eventos@hotelsanmartin.cl](mailto:eventos@hotelsanmartin.cl) addressed to Jacqueline Ortega Bachl.
- Visit our web page [www.hotelsanmartin.cl](http://www.hotelsanmartin.cl)
- In order to guarantee your booking, you must send an authorization of charge on your credit card:
- **\*\*Notify if the guest will pay the extras (Frigobar, laundry, room service, telephone calls national/international, hairdressing, massages, sauna, bar, restaurant, etc...)**



**AUTHORIZATION TO CHARGE MY CREDIT CARD FOR SERVICES GIVEN**

I,.....  
HOME ADDRESS..... Nº.....  
CITY.....COUNTRY.....TELEPHONE.....  
ID OR PASSPORT Nº.....  
ISSUED IN.....  
BY THE PRESENT DOCUMENT I AUTHORIZE TO:  
INVERSIONES Y RENTAS SANTA YOLANDA LIMITADA  
RUT 79.727.850-5  
ADDRESS AVENIDA SAN MARTIN #667, VIÑA DEL MAR  
TO CHARGE MY CREDIT CARD Nº .....  
EXPIRY DATE.....  
FOR THE AMOUNT OF US \$ /\$ .....  
FOR SERVICES GIVEN BY THE HOTEL.  
SECURITY CODE: ..... (3 LAST DIGITS OF THE CREDIT CARD)

City,..... of..... 2010.

.....  
SIGNATURE OF THE CREDIT CARD HOLDER

Note:  
Attached to the authorization, please send copies of the credit card and holder ID or passport.