



## ACCEPTANCE FORM TO BE FILLED IN AND UNDERSIGNED BY THE CLIENT

Hotel Name: ARS HOTEL SRL  
Address: VIA MONTE ALTISSIMO 20/24 – 00141 – ROMA  
Telefono: +39 0687180200 – Mail: [info@arshotel.com](mailto:info@arshotel.com)

- **I, THE UNDERSIGNED:**

Name and Surname .....

Room Number .....

Check in Date ..... Check Out Date: .....

Mail Address: .....

- **Card Holder of the following credit card:**

**Kind of Credit Card:**  Visa       Diners       Mastercard       Amex

**Credit Card Number:** .....

**Expiration Date:** .....

I know and I accept from now eventually extras ( phone calls, drinks or food from the bar or breakfast room, minibar, city tax or eventually and any damage caused to the Hotel or into the room/s) during my stay or rilevated on my check out date and I authorize Ars Hotel SRL to charge on the credit card listed above, any amount will be necessary to compensate the Hotel.

I intend to take advantage of the "Express Check Out" service and authorize ARS HOTEL SRL to debit the amount of all charges and expensed met during my stay on the credit card account identified above. In this way, I will be allowed to leave the Hotel without checking out.

- **TO FILL UP ONLY IN CASE OF INVOICE REQUEST:**

### Company Details

Company: .....

Address: .....

City/Town: ..... Province: ..... Zip Code .....

STATE .....

Vat Number .....

**SIGNATURE** .....

**BW ARS HOTEL**  
Via Monte Altissimo 20/24 – Roma  
Tel: +39 06 87180200 - Mail: [info@arshotel.com](mailto:info@arshotel.com) – Web Site: [www.arshotel.com](http://www.arshotel.com)



EXPRESS CHECK IN TO FILL UP AND SING (please use **capitol letters**)  
WE REMIND YOU THAT YOU MUST SHOW THE DOCUMENT AT THE  
CHECK IN TIME

HOTEL NAME: ARS HOTEL SRL  
Address: VIA MONTE ALTISSIMO 20/24 – 00141 – ROMA  
Phone Number: +39 0687180200 – Mail: [info@arshotel.com](mailto:info@arshotel.com)

• **Main Guest (Surname and Name) :**

Check in:	Check Out:		
Date and Place of Birth:			
Residential address:			
Country:	City:	Zip Code:	
Document Type	<input type="checkbox"/> Identity Card	<input type="checkbox"/> Passport	
Document Number:			
Issue Date:	Expiration Date:		

**Other guest/s of same room:**

1 – SURNAME and NAME:			
Date and Place of Birth:			
Residential address:			
Country:	City:	Zip Code:	
Document Type	<input type="checkbox"/> Identity Card	<input type="checkbox"/> Passport	
Document Number:			
Issue Date:		Expiration Date:	
DD/MM/YY		DD/MM/YY	



2 – SURNAME and NAME:			
Date and Place of Birth:			
Residential address:			
Country:		Country:	
Document Type	Document Type	Document Type	Document Type
Document Number:			
Issue Date:		Issue Date:	
DD/MM/YY		DD/MM/YY	

3 – SURNAME and NAME:			
Date and Place of Birth:			
Residential address:			
Country:		Country:	
Document Type	Document Type	Document Type	Document Type
Document Number:			
Issue Date:		Issue Date:	
DD/MM/YY		DD/MM/YY	

4 – SURNAME and NAME:			
Date and Place of Birth:			
Residential address:			
Country:		Country:	
Document Type	Document Type	Document Type	Document Type
Document Number:			
Issue Date:		Issue Date:	
DD/MM/YY		DD/MM/YY	