

# www.COLONYINN.com – Faxed Reservations Form

**Please print this form, fill it out, and fax it to 818-763-0909**

Please check the appropriate box: **Are you a ( ) Business or ( ) Individual**

<b>FIRST and LAST NAME:</b>					
<b>BUSINESS NAME:</b> (if applicable)					
<b>ADDRESS:</b>					
<b>TELEPHONE NUMBER:</b> (where you are reachable)					
<b>FAX NUMBER:</b> (where you are reachable)					
<b>APPROXIMATE NUMBER OF DAYS YOU EXPECT TO STAY WITH US:</b>					
<b>SMOKING ROOM OR NON</b> (Please check the appropriate box)	<input type="checkbox"/> <b>SMOKING</b>		<input type="checkbox"/> <b>NON-SMOKING</b>		
<b>WHAT KIND OF ROOM ARE YOU SEEKING:</b>	<input type="checkbox"/> SINGLE KING BED	<input type="checkbox"/> KING BED + SOFA (MICRO SUITE)	<input type="checkbox"/> 2 KING BEDS	<input type="checkbox"/> 2 QUEEN BEDS	<input type="checkbox"/> JACUZZI SUITE
<b>DO YOU HAVE ANY COMMENTS OR SPECIAL INSTRUCTIONS:</b>					
<b>Which Credit Card would you like to use to make your room reservations?</b>					
<small><b>Please note:</b> This credit card does not need to be charged. Currently it will only be used for authorization purposes. Upon your arrival you may choose a different method of payment, or another credit card.</small>					
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER		
<input type="checkbox"/> DINERS CLUB:		<input type="checkbox"/> JCB			
<b>Credit Card Number:</b>					
( ) ( ) ( ) ( ) - ( ) ( ) ( ) ( ) - ( ) ( ) ( ) ( ) - ( ) ( ) ( ) ( )					
<b>Card Expiration Date:</b> (mm-dd-yyyy)					
( ) ( ) - ( ) ( ) - ( ) ( ) ( ) ( )					