

DATA FOR IMPLEMENTATION IN ATRIIS

COMPANY NAME:

ADDRESS:

ZIP CODE & CITY:

COUNTRY:

PHONE:

FAX:

MOBILE:

EMAIL:

OPTIONAL DATA

DIFFERENT BILLING ADDRESS:* YES NO

PREPAID RATES: ACTIVE INACTIVE

PAYMENTS

EHOTEL® CENTRAL BILLING PAYMENT: YES NO

AIRPLUS VIRTUAL CARD YES NO

IF YES,

CARD NUMBER:

OTHER PAYMENT:* YES NO

USE PAYMENTS FOR: GUARANTEE CHARGE

COST COVERAGE: ACTIVE INACTIVE

IF ACTIVE,

RESERVATION VALUE EXTENDS OVER (PLEASE CHOOSE):

ROOM BREAKFAST PARKING INTERNET

TAXES ALL COSTS

REPORTING FIELDS

ADDITIONAL REPORTING FIELDS*: YES NO

CORPORATE RATES

CORPORATE HOTEL RATES: YES NO

**IF YES, PLEASE FILL IN DETAILS ON PAGE 2*

BILLING ADDRESS

COMPANY NAME:	<input type="text"/>
ADDRESS:	<input type="text"/>
ZIP CODE & CITY:	<input type="text"/>
COUNTRY:	<input type="text"/>
PHONE:	<input type="text"/>
FAX:	<input type="text"/>
EMAIL:	<input type="text"/>

OTHER PAYMENT:

CARD PROVIDER:	<input type="text"/>	
CARD NUMBER AND EXPIRATION DATE:	<input type="text"/>	<input type="text"/>

REPORTING FIELDS (MAX. 10 FIELDS):

PLEASE MARK THE REPORTING FIELD(S) FOR USAGE AND FILL IN THE REQUIRED NUMBER / DATA, IF THE NUMBER / DATA IS THE SAME IN EVERY BOOKING

ACCOUNTING UNIT:	<input type="checkbox"/>	<input type="text"/>
ACTION NUMBER:	<input type="checkbox"/>	<input type="text"/>
ORDER NUMBER:	<input type="checkbox"/>	<input type="text"/>
BOOKING DATE:	<input type="checkbox"/>	<input type="text"/>
DEPARTMENT CODE:	<input type="checkbox"/>	<input type="text"/>
INTERNAL ACCOUNT NUMBER:	<input type="checkbox"/>	<input type="text"/>
COST CENTER:	<input type="checkbox"/>	<input type="text"/>
EMPLOYEE ID:	<input type="checkbox"/>	<input type="text"/>
PROJECT NUMBER:	<input type="checkbox"/>	<input type="text"/>
DESTINATION:	<input type="checkbox"/>	<input type="text"/>