



## LEBLANC HOTEL PRICE GUARANTEE CLAIM FORM

CUSTOMER INFORMATION			
FULL NAME:		EMAIL ADDRESS:	
PRIMARY CONTACT NUMBER:		OTHER CONTACT NUMBERS:	
BOOKING DETAILS			
HOTEL NAME:		BOOKING ID:	
CHECK-IN AND CHECK-OUT DATES:	BOOKING DATE:	TOTAL AMOUNT PAID:	
ALTERNATE AMOUNT INFORMATION			
OTHER AMOUNT FOUND (With Tax and Service Charge):		CHECK-IN AND CHECK-OUT DATES:	
NO. OF ROOMS:	NO. OF ADULTS:	NO. OF CHILDREN:	BREAKFAST INCLUDED:
ROOM TYPE:		OTHER PLAN INCLUSIONS:	
WHERE DID YOU FIND THIS RATE (Please input link/URL)?			
MESSAGE:			