**Application for Corporate Rates**

**Company Name:** ……………………………………………………………………………………………………………….

**Ltd Company registration:** ………………………………………………………………………………………………………

**Address:** …………………………………………………………………………………………………………………………….

**Contact Name:** …………………………………………………………………………………………………………………..

**Telephone Number:** ……………………………………… **Email:** ……………………………………………………….

**Vat Number:** ………………………………………………………………………………………………………………………

Number of annual bed nights anticipated.

10-20 20-50 50+

**Terms**

**We ask that you ae committing to 10+ bed nights per year to available corporate discount.**

**Payment terms 48 hours before arrival, credit card or bank transfer.**

**We drop our normal cancelation policy form 48 hours to 24 hours.**

**Once application received, accepted and processed we will advise our best available corporate rates.**