

AFFILIATION APPLICATION

Hotel Name: _____

Address: _____

City: _____ Postal Code: _____ Country: _____

General Manager Name: _____

Telephone: _____ Fax: _____

E mail: _____ @ _____

of bedrooms: _____ Last Renovation, Year: _____ Month: _____

Present hotel Rating: * _____ Other ratings or awards: _____

FACILITIES:

Banquet / Meeting Facilities: Yes: No:

Full service Restaurant serving:

Breakfast: Lunch: Diner:

Hotel Open all year: Yes: No:

CURRENT REPRESENTATION (if any)

Company name: _____

Agreement signed: Month: _____ Year: _____

Current Distribution:

Name of Company for GDS: _____ GDS Code: _____

On Line reservations on Web Site: Yes: No:

Provider name if different than above:

OPERATIONS INFORMATION
PREVIOUS YEAR

Occupancy Rate: _____

Average Daily Rate: € _____

Average Length of Stay: _____ Nts _____

Property selling points:

1. _____

2. _____

3. _____

Property weak points:

1. _____

2. _____

3. _____

LEGAL INFORMATION

Legal name and status of the Hotel/Company:

REGISTER NUMBER (VAT): _____

Owner First, Last name and contact details:

First name: _____ Last name: _____

City: _____ Postal Code: _____ Country: _____

Telephone: + _____

If the hotel is currently under a management contract, please indicate the name of the company and a contact name and phone number.

Company Name: _____

Contact name: _____

Telephone: + _____

Date & place: _____

Name of the person signing: _____

Signature: _____

INSTRUCTIONS AND PRICING

1. Please complete the Affiliation form with as much information as you can provide.
2. Once completed, please fax it to the following number: + 34 93 272 4531
3. If you have any questions, please contact: Mr. Oswald Lares at telephone: number + 34 93 272 4530 or olares@llhotels.com
4. Documents that should be received with this fax in order to process your application:
 - 4.1. Copy of the local Commercial Register or the equivalent valid company registration form document
 - 4.2. VAT number and billing address