

Estoril Paradise Inn Reservation Request

Fax To: Estoril Paradise Inn
2648 N.E. 32 Street
Fort Lauderdale, FL 33306
(954) 563-3840



FAX #: (954) 568-0286

Contact Information

Name: _____
Address: _____
City: _____ State/Province: _____
Country: _____ Zip: _____
Phone Number: (_____) _____ Fax Number: (_____) _____
Email: _____

Reservation Information

Arrival Date: _____ Departure Date: _____
Arrival Time: _____ PM (Check in time is after 4:00 PM unless unit is available sooner).
Number of Adults: _____ Number of Children: _____
Accommodations (Check One)
 Small Hotel Room Small Efficiency
 1 Bedroom Apt 2 Bedroom Apt Hemingway Royal Suite
 1 Bedroom Paradise Suite 2 Bedroom Paradise Suite
Deposit Enclosed: \$ _____ Credit Card# _____
3 digit PIN from back of card: _____ Exp Date: _____

Deposit: A 50% deposit is required to confirm a reservation. Balance due upon your arrival date. The credit card used for deposit must be in the same name of the person making the reservation and must be displayed at check in.

NOTE! The MINIMUM AGE requirement for all guest registrations is 23 and all occupants of that guest must also be 23 or older, excluding families. YOU WILL BE CHARGED \$295 WHEN PET OR SMOKE ODORS IS DETECTED IN YOUR ROOM AND ASKED TO CHECK OUT FROM THE PROPERTY.

Refunds / Cancellations: Deposits will be refunded in full only if you notify us in writing 45 days prior to your reservation date. Also, should you decide to leave early, the unused paid portion of your reserved stay will not be refunded (No EXCEPTIONS). Administrative fee of \$35.00, (accept 5% for all credit card deposits that exceeds seven hundred US dollars), will be collected for all cancellations.

Signature: _____ Date: _____