

Terms, Cancellations & Refund Policy

TERMS, CANCELLATIONS AND REFUND POLICY.

Terms and Conditions:

TO CONFIRM AND GUARANTEE YOUR RESERVATION, HOTEL ECLIPSE MUST RECEIVE A DEPOSIT .

RESERVATIONS ARE FULLY GUARANTEED TO THE CUSTOMER UPON THE RECEIVE OF DEPOSIT.

CANCELLATIONS OF RESERVATIONS: NOTIFICATION OF CANCELLATIONS:

IN THE UNFORTUNATE CASE OF CANCELLATION PLEASE NOTIFY US IMMEDIATELY IN WRITING VIA E MAIL TO

eclipsehtl@prodigy.net.mx or FAX US TO OUR OFFICE, FAX NUMBER: (984) 87 30629

DATE OF CANCELLATION IS THE DATE WE RECEIVE THE WRITTEN REQUEST.

APPLICABLE REFUNDS ARE ISSUED WITHIN 48 HOURS FROM RECEIPT OF WRITTEN REQUEST.

CANCELLATION FEES AND CHARGES:

CANCELLATION RECEIVED IN WRITING WITHIN 72 HOURS OF CONFIRMATION FOR RESERVATION SCHEDULE TO ARRIVE 45 OR MORE DAYS, WILL BE CHARGED \$20.00 DOLLARS CANCELLATION SERVICE FEE AND REFUNDED.

CANCELLATIONS RECEIVED IN WRITING WITHIN 45 - 59 DAYS PRIOR TO SCHEDULED ARRIVAL (AND HAVE PASSED THE ABOVE 72 HOUR NOTICE) ARE CHARGED 10% OF TOTAL RESERVATION PACKAGE PLUS \$20.00 DOLLARS CANCELLATION SERVICE FEE.

CANCELLATION RECEIVED IN WRITING WITHIN 15 - 44 DAYS PRIOR TO SCHEDULED ARRIVAL ARE CHARGED 15% OF TOTAL RESERVATION PACKAGE PLUS \$20.00 DOLLARS CANCELLATION SERVICE FEE.

CANCELLATIONS RECEIVED IN WRITING WITHIN 14 DAYS PRIOR TO SCHEDULED ARRIVAL ARE NON REFUNDABLE.

LAST MINUTE RESERVATION REQUESTED AND CONFIRMED WITHIN 14 DAYS OR LESS PRIOR TO TRAVEL DATE, AND THEN CANCELED WITHIN 14 OR LESS DAYS PRIOR TO TRAVEL ARE NON REFUNDABLE.

RATES, DEPOSIT, BALANCE AND TAXES:

UNLESS OTHER WISE SPECIFIED, RATES ARE FOR 2 ADULTS PER UNIT AND INCLUDE LODGING ONLY.

BALANCE AND TAXES DUE TO BE PAID UPON CHECK IN AT THE HOTEL.

DEPOSITS AND PAYMENTS ARE NON CHANGEABLE AND NON TRANSFERABLE TO A DIFFERENT PARTY.

PRIOR TO ARRIVAL RESERVATIONS WILL RESULT IN \$20.00 DOLLARS SERVICE FEE AND WILL BE ADDED TO THE BALANCE OR DIFFERENCE TO BE CHARGED AS A RESULT OF THE CHANGE (I.E. ADDITIONAL PERSONS TRAVELLING OR ADDITIONAL NIGHTS REQUESTED).

IN THE CASE THAT YOUR STAY NEEDS TO BE REDUCED, WE WILL ADJUST THE BALANCE DUE AT HOTEL TO REFLECT.

ONSITE/UPON ARRIVAL RESERVATION CHANGES AND STAY REDUCTION:

GUESTS WISHING TO REDUCE THEIR STAY AND CHECK OUT PRIOR TO THEIR SCHEDULED DEPARTURE DATE PLEASE NOTE:

DEPOSITS ARE NON REFUNDABLE PLUS A PENALTY OF \$25/DAY FOR EACH CANCELED DAY WILL BE CHARGED.

RATES DISCLAIMER AND OTHER WEB SITES AND PROMOTIONS:

THE ECLIPSE HOTEL MAY CHANGE RATES LISTED ON WEBSITE OR ANY OTHER SITE REPRESENTING IT WITHOUT NOTICE. RATES ARE GUARANTEED ON CONFIRMED RESERVATIONS AND WILL NOT BE ALTERED.

RECIEPT OF DEPOSIT FROM THE CUSTOMER IS AN ACKNOWLEDGEMENT THAT THE CUSTOMER HAS READ, UNDERSTOOD AND ACCEPTED THE TERMS, CANCELLATIONS AND REFUND POLICY ABOVE.

Thanks again for the opportunity to be of service.

Hotel Eclipse Phone +52 (984) 87 30629

Guest Name: _____ Guest Signature _____
(Please hand write)

Reservation Form.

Name: _____

Room Type: _____

Number of Rooms: _____

Arrival: _____

Departure: _____

Length of stay: _____

Guests in the Room: _____

Adults: _____

Children: _____ (please specify ages)

Reservation made by (Credit Card Holder's): _____

Date: _____

Client's Info (Credit Card Holder's):

-Contact Information: _____

-Day and night phones: _____

-(MOST IMPORTANT) ARRIVAL TIME: _____

-Amount of people staying in the room: _____

-Amount of beds needed: _____

Obs: _____

(*) Deposit monies are not reimbursable. If the guest is arriving after 23:00 hrs. has to let us know because our front desk closes at 11:00 p.m. If we don't receive this information in this form we might not be able to have someone waiting for the guest and the deposit money will not be reimbursed. The guest must provide with contact information as well. By signing this reservation form the guest agrees with the terms of it and with the attached cancellation policies.

Guest Name: _____

(Please hand write)

Guest Signature

CREDIT CARD AUTHORIZATION FORM

FAX TO: CARIBE ALEMAN SA de CV, exclusive marketing agent for HOTEL
ECLIPSE PAGES: 1

FAX NUMBER: +52 984 87 30629 (No Cover Sheet Required)

DATE: _____

RESERVATION DATE(S): _____

In lieu of my credit card imprint,

I, _____
(Name of Cardholder as Shown on Credit Card)

hereby authorize a charge to:

(Credit Card Name) (Card Number)

(Exp. Date) _____

In the amount of: \$ _____

CARD HOLDER'S SIGNATURE: _____

Card Holder's Address:

ZIP/Postal Code: _____
