Weekly apartment application form

Please don't forget to fill in

Receptionist day

Duration	Υ	M	D		Υ	M	D	night/s
The place of choice					Parking lo	t use		
Contractor	name							
	address						FAX	
User		1			2			
name of place of work	name							
	address						FAX	
car					car no.			
		16	,)		•			
				α	3-6893-093	10		
	0120-500-887				9 30 19 00			
		12	9090	D-7634	1011			
Since it is regard be checked after 10	1000, pleas			neven wh	nen check- ou	ut cann	ot	
Cau A cancellation fe on the total of st				n one wee	k of the stay	/ sched	luled day	
When it uses mor	e mostly tha	n the reg	ulation cha	rge of fue	el and light pr	ices, I	will ask separately.	
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TEL 0120-500-887 029-861-8671 FAX 03-6893-0930

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FAX HP

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