

Tuscan Bend Apartments

3009 SW Archer Road Gainesville, FL 32608 352/377-0555 FAX 352/377-1832
www.tuscanbend.com

Corporate Suite Reservation Form

Check In Date _____ Check Out Date _____ # of People _____

Guest(s) Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Credit Card # _____ Expiration: _____

Please note that any damages and or removed items (such as towels, bedding, kitchen ware, etc.) will be charged to the above referenced credit card. By signing below you agree to be held responsible for any damages and/or items removed from the apartment and you authorize your credit card to be charged for the use of the premises and facilities for the rate of \$_____ per _____.

Signature

Date