Brik.

FROM :

Adresse :

Code Postal :

Ville :

TO :

Adresse :

Code Postal :

Ville :

INVOICE N°

RESERVATION DETAILS

Date of arrival : after

Date of departure : before

Number of guests : adults, children, animals

Address:

PAYMENTS

Security Deposit

Nights (2 nights x 75)

Breakfast (2 x 10€)

Cleaning

Other

TOTAL:

1st payment

2nd payment

NET TOTAL :

Brik.

Accepted payment methods :

For checks, please put the following name

For bank transfers use IBAN

NAME

Signature