

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE SIGN AND RETURN THIS COPY WITH YOUR RESERVATION PAYMENT. Fax: (415) 922-1485. THANK YOU.

**PAYMENT RECEIPT AND BOOKING FORM**

**PARIS RENTAL-PLACE ADOLPHE-MAX (SQ. HECTOR BERLIOZ)** c/o Liliane  
Travert-Borsuk, 1626 Vallejo Street, San Francisco, CA 94123-5116, Phone: (415) 922-  
8888, Fax: (415) 922-1485, email: markborsuk@aol.com

Tenant:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure: \_\_\_\_\_

Number of nights: \_\_\_\_\_

Name of each person in party (state age if under 18):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of persons occupying rental: \_\_\_\_\_

Departure date from USA: \_\_\_\_\_ Airline & flight #: \_\_\_\_\_

Reservation deposit: \$ \_\_\_\_\_ check # \_\_\_\_\_

Confirmation deposit: \$ \_\_\_\_\_ check # \_\_\_\_\_

