

## Payment Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

visa                       Master

Bank \_\_\_\_\_

Credit card NO. \_\_\_\_\_

Exp.Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Submit your form with your copy passport and send bay fax to  
66(0)2 629-4744

**265 Khaosan Rd., Taladyad, Phranakorn, Bangkok 10200**

**Tel. (02)629-4477 , 629-4499 Fax., (02)629-4744**

**Website : <http://www.buddylodge.com>**