

Grand Mercure Phuket Patong
1 Soi Rat-U-Thit 200 Pi 2 Road, Patong, Kathu,
Phuket 83150, THAILAND
Email: H8109-RE@accor.com
Reservation Line: (66) 76 231999
Facsimile: (66) 76 231998



GRAND MERCURE
PHUKET PATONG

PRO-FORMA INVOICE

To: Mr. Roy Chow
Company: CIT (Thailand) Co., Ltd.
Address: Room 909, 638 Huangpu Dadao West,
Tianhe District, Guangzhou, PRC China
Tel: 66(0) 61 450 3076
Email: roy.chow@huizhi-intl.com

Your Ref.: GMPP/CIT2018
HTL CFM No.: GMPP/CIT2018

Inv. No: GMPP/CIT2018
Inv. Date: 9-Feb-18

Subject: Monthly Floating Deposit

Date	Descriptions	Unit(s)	Price per unit (THB)	Amount (THB)
1-Apr-18 31-Oct-18	<u>Accommodation</u> 1 x Floating deposit **The hotel will send invoice to top up the money in case the left balance is less than 1 Million Baht	1 Month	3,000,000.00 THB/Month	3,000,000.00
Three Million Baht Only			TOTAL AMOUNT (THB)	3,000,000.00

Full payment of the total deposit

to block space and this payment must be received by the hotel on

3,000,000.00
DUE DATE → **28-Feb-18**

Please kindly acknowledge us by faxing the bank remittance slip through (66) 76 231 960 or sending via e-mail to H8109-RE@ACCOR.COM and cc e-mail to H8109-sm4@accor.com

Please kindly forward us of payment through bank account (NOTE: ALL BANK CHARGE MUST BE BORNED BY THE AGENTS)

Name : S. Triumph Land Co., Ltd.
A/C No. : Saving Account no. 264-4-55469-9
Bank Name : Bangkok Bank Public Company Limited
: Phuket Branch
Address : 22 Phang-Nga Road, Tambon Taladnua,
Ampur Muang, Phuket 83000 THAILAND
Swift Code : BKKBTHBK
TAX ID : 0835544005055

Note: Please settle payment within **DUE DATE** and kindly fax pay in slip to fax no. **(66) 76 231 960** or e-mail to H8109-GL4@accor.com and H8109-sm4@accor.com for our reference. Booking will be automatically released if no guarantee payment received by due date.

Cancellation Policies:

As per group contract agreement

For and on behalf of the
Grand Mercure Phuket Patong

Name: _____
Ms. Yuwalee Aidsui
Senior Sales Manager



GRAND MERCURE
PHUKET PATONG

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For and on behalf of the

Name: _____
Mr. Roy Chow
Product Director

Please sign for acknowledge and return by fax/email