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hotel CURRENT

www.hotelcurrent.com

HOTEL RESERVATION REQUEST

(Please make sure that your handwriting is legible)

Group's Name: _____

Guest Name: _____ Co-Guest Name: _____

Guest Phone Number: _____ Guest Email Address: _____

Guest mailing address: _____

Check in Date: _____ Check out Date: _____

Number of Nights: _____

Type of Room: Single Double

Special Request: (based on availability): _____

Credit card information:

Credit card: Visa MasterCard Amex Discover

Card Holder: _____ Card Number: _____

Expiration Date: _____ Signature: _____

For the following charges (circle one):

A. Room and tax only

C. All charges

B. Incidental charges only

D. Other: _____

Authorized/Requested by:

Name: _____

Signature: _____

Date: _____

To complete the reservation and billing process, please fax this form to our fax number, (562) 597-5171 or email to our Reservation desk at agent@hotelcurrent.com.

Thank you for your business.