

Cost absorption form

For our event / reservation at the restaurant "Tafelrunde Berlin", Nachodstraße 21, 10779 Berlin.

Name / Company: _____

Date: _____ Time: _____ Number of people: _____

We hereby bindingly confirm the assumption of costs for the above event / reservation. Should we not maintain the reservation, we will inform the restaurant at the latest 5 working days before the event / reservation.

The following costs will be incurred for cancellations made after the deadline (compensation for damages within the framework of VAT, also individual persons):

from 5 working days before the reservation date	→	30% of the total amount*.
from 4 working days before the reservation date	→	60% of the total amount*.
from 2 working days before the reservation date	→	90% of the total amount*.

**When calculating the total amount, the canceled number of guests is multiplied by the price of the guest meal.*

In case of no show without cancellation (so called no show) we charge a fee of 100% of the total amount plus VAT.

Date: _____ Signature: _____

Payment method

Please provide your billing address for the reservation guarantee, as well as the name of the person who may sign the invoice on site. We will invoice any cancellation costs to this address. After consultation, you can also pay the bill of your visit to the Tafelrunde afterwards by bank transfer**.

***Claims invoiced by Tafelrunde Gaststättenbetriebs GmbH are to be settled within 7 days.*

The costs incurred by the above event / reservation will be paid on the spot, unless otherwise agreed.

Authorized signatory on site: _____

Company: _____

Mr/Mrs & Position: _____

Street, postcode, city: _____

Telephone, e-mail address: _____

Date: _____ Signature: _____