

# HOLDSWORTH HOUSE

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## HOTEL & RESTAURANT

### CORPORATE ACCOMMODATION RATES ACCOUNT APPLICATION FORM

Company name: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Approximate number of bed nights per year: \_\_\_\_\_

Months these nights usually fall? (please circle): January | February | March | April | May  
June | July | August | September | October | November | December

Please forward this completed form to the following address and we will confirm in writing our acceptance and rates: Kay Helliwell, Holdsworth House Hotel & Restaurant, Halifax, HX2 9TG

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Reg No. 743127 | VAT Reg No. 183344265

E: [info@holdsworthhouse.co.uk](mailto:info@holdsworthhouse.co.uk) | [www.holdsworthhouse.co.uk](http://www.holdsworthhouse.co.uk)

T: 01422 240024 | F: 01422 245174