

**CrestHill Suites SUNY University Albany**

Case 3:23-cv-02875-S-BT Document 17-5 Filed 03/10/24 Page 1 of 2 PageID 334

1415 Washington Ave, Albany, New York, 12206, USA

Phone: 518-454-0007; Fax: 518-454-0003

E-mail: cresthillfd@1hotelgroup.com; Website: Cresthillsuites.com

Booking Detail

Booking No	B-62890	Check In :	10/14/2019 03:00:00 PM
Booking Date	09/25/2019 09:35:00 AM	Check Out :	10/25/2019 12:00:00 PM

Guest Details

Guest :	Brian Carr	Room Type :	1K1SU- 1 BR Suite 1K Sofa Bed
	USA		
Phone :	518-227-0129		
Email :	carrbp@gmail.com		

Payment Details

Payment Method : Credit Card

Card Type : Master Card

Credit Card No. : 5474-XXXX-XXXX-7540

Card Expiry : 04-2024

Name On Card : Brian- Carr

Billing Details**Address :****Phone :**

Room Type	Adult/Child/Pets	Price(\$)	Tax(\$)	Total(\$)
1K1SU- 1 BR Suite 1K Sofa Bed	2 / 0 / 0	855.00	119.70	974.70

Rental Details	Rate Type	Check In Date	Rate(\$)
	Best Available	10/14/2019-10/14/2019	75.00
	Best Available	10/15/2019-10/15/2019	75.00
	Best Available	10/16/2019-10/16/2019	75.00
	Best Available	10/17/2019-10/17/2019	75.00
	Best Available	10/18/2019-10/18/2019	85.00
	Best Available	10/19/2019-10/19/2019	85.00
	Best Available	10/20/2019-10/20/2019	85.00
	Best Available	10/21/2019-10/21/2019	75.00
	Best Available	10/22/2019-10/22/2019	75.00
	Best Available	10/23/2019-10/23/2019	75.00
	Best Available	10/24/2019-10/24/2019	75.00

Discount :	0.00	Other Charge:	0.00	Tax(\$)	0.00	Total(\$)	0.00
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Tax Detail: Occupancy Tax1: 14.00%**Grand Total(\$): 974.70****Payment:** 0.00**Balance:** 974.70

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

CHECKOUT TIME: 12:00 PM SELF REGISTRATION ONLY

I AGREE that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc.. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc.. I agree that the sole purpose of renting this room is for my own residency only.

CANCELLATION POLICY: The CrestHill Suites observes a 24 hour cancellation policy. Cancellations are accepted until 4pm local time, 24 hours PRIOR to your arrival date. Cancellations received after this time will be charged one night's room and taxes. At check in, the front desk will verify your check-out date. Rates quoted are based on check-in date and length of stay. Should you choose to depart early, price is subject to change. We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.