



To: Holiday Inn Toronto Yorkdale

Tel: 416-789-5161

Fax (Hotel Direct): 416-785-6845

From: _____

Fax: _____

Authorization for Billing to a Credit Card

****Please fill out the form below and attach a CLEAR photocopy of the front and back of the credit card****

**** ALL GUESTS STAYING FOR 7 NIGHTS OR MORE, WILL HAVE THEIR BILL SETTLED ON A WEEKLY BASIS ****

*****Please note: For security reasons, if the photocopy of the credit card number and signature are unclear, we will unfortunately not be able to process charges on the card provided.***

Guest Name: _____

Confirmation Number: _____ Arrival Date: _____

Number of Nights: _____ Departure Date: _____

Cardholder Name: _____

Address of Cardholder: _____

Telephone Number: _____ Fax Number: _____

Would you like a copy of the bill faxed to you? _____

Credit Card Number: _____ Expiry Date: _____

Charges to be Billed: _____ All Charges _____ Room & Tax _____ Room, Tax, and Meals
_____ Room, Tax, and Parking _____ Other (Please indicate) _____

I, the undersigned, hereby authorize to bill the outlined charges to the above credit card.

I have attached a clear copy of the front and back of the credit card.

Signature of Cardholder: _____

Information to Bill to a Company Credit Card

****Please fill out the following additional information when billing to a company or corporate credit card****

*****When sending a photocopy of a company or corporate credit card, please do so using your company letterhead*****

Company Name: _____

Contact Name: _____ Contact Phone Number: _____

Company Address: _____

Authorized By: _____ Title: _____

Signature: _____