

INTERNATIONAL PLAZA HOTEL + CONFERENCE CENTRE - Toronto Airport
Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

Send completed form by Fax to 416-244-7281 OR email completed form to hmckie@internationalplazahotel.com

FAX COMPLETED FORM TO: ATTN:
 Confirmation: Date:

Guest / Group Name: <input style="width:95%;" type="text"/>			
Check-In / Event Date: <input style="width:20%;" type="text"/>	Number of Nights: <input style="width:10%;" type="text"/>	Room Rate: <input style="width:15%;" type="text"/>	
Name of Person/Group Making Reservation: <input style="width:60%;" type="text"/>		Phone: <input style="width:20%;" type="text"/>	
Authorized Amount: <input style="width:20%;" type="text"/>	Approval Code: <input style="width:20%;" type="text"/>	Date: <input style="width:15%;" type="text"/>	

CARDHOLDER: Please complete the following section and sign / date below.

Note: Please Provide Photo Copy of Front/Back Credit Card:	Photo Copy of Picture ID:
Cardholder Name as it Appears on Credit Card: <input style="width:95%;" type="text"/>	
Cardholder Billing Address: <input style="width:95%;" type="text"/>	
City: <input style="width:30%;" type="text"/>	Province / State: <input style="width:20%;" type="text"/>
Postal / Zip Code: <input style="width:20%;" type="text"/>	
Daytime /Business Telephone: <input style="width:30%;" type="text"/>	Evening Telephone: <input style="width:20%;" type="text"/>
Credit Card Number: <input style="width:40%;" type="text"/>	Expiration Date: <input style="width:20%;" type="text"/>
Credit Card Type: (Choose one) Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club <input type="checkbox"/>	
Credit Card Issuing Bank Name: <input style="width:35%;" type="text"/>	Bank Phone Number (from back of your credit card): <input style="width:30%;" type="text"/>
I agree to cover the following categories of charges: (Select all that apply) All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Telephone <input type="checkbox"/> Parking <input type="checkbox"/>	
DIRECT BILL ACCOUNT PAYMENTS ONLY: Name on Invoice/Statement <input style="width:40%;" type="text"/> Date on Invoice/Statement <input style="width:20%;" type="text"/>	
Invoice/Statement Number <input style="width:30%;" type="text"/>	Authorized Amount \$ <input style="width:20%;" type="text"/>

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: Date:

