



135 Carlingview Drive, Toronto, Ontario, M9W 5E7

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Email: reservations@bwptorontoairporthotel.com

PAYMENT INSTRUCTIONS

I, _____ hereby authorize the Best Western Premier Toronto Airport Carlingview Hotel to use my credit card as one of the following (please check one):

_____ Guarantee of Payment (if paying by cheque, cash or direct billing methods)

_____ As Method of Payment (your credit card will be charged)

Guest name: _____ Confirmation #: _____

Group Name: _____ Folio #: _____

Credit Card Number: _____ (Expiry): ____ / ____

Name on Credit Card (please print): _____

Authorized Credit Card Signature: _____

Contact Name: _____ Contact #: _____

Please use the above credit card for the following charges:

_____ All charges (Deposit, Room, Function, Food & Beverage, AV, Tax, Gratuities and all other Incidentals)

OR

- _____ Deposit
_____ Room and tax only
_____ All catering function room, AV, Tax and Gratuity Charges
_____ Meals (Restaurant/Bar)
_____ Telephone charges
_____ Parking
_____ Mini bar
_____ Laundry
_____ Any other (Please specify) _____

Please email or fax us a clear copy of the front and back of the credit card to (416) 637-2857 in order to verify the signature.