



brookstreet
work · play · getaway

525 Legget Drive
Ottawa ON K2K 2W2
Phone: 613-271-1800
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APPLICATION FORM FOR CREDIT CARD BILLING

TO: _____

COMPANY: _____

FAX: _____

FROM: _____

RETURN TO BROOKSTREET CONTACT: _____

THIS GUESTROOM BILLING REQUEST APPLIES TO THE FOLLOWING PEOPLE [IF APPLICABLE]:

RESERVATION UNDER THE NAME OF	ARRIVAL DATE	DEPARTURE DATE	CONFIRMATION NUMBER
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

CHARGES TO BE BILLED TO THE CREDIT CARD

- | | | |
|--|--|--|
| <input type="checkbox"/> GUESTROOM & TAXES | <input type="checkbox"/> ALL CHARGES | <input type="checkbox"/> 1st Deposit \$ _____ |
| <input type="checkbox"/> GUESTROOM INCIDENTALS | <input type="checkbox"/> PARKING | <input type="checkbox"/> 2nd Deposit \$ _____ |
| <input type="checkbox"/> MEETING ROOM | <input type="checkbox"/> GOLF \$ _____ | <input type="checkbox"/> 3rd Deposit \$ _____ |
| <input type="checkbox"/> BANQUET CATERING | <input type="checkbox"/> OTHER (SPECIFY) _____ | <input type="checkbox"/> FIXED AMOUNT:\$ _____ |

CREDIT CARD INFORMATION

CREDIT CARD TYPE: _____ CREDIT CARD HOLDER: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

I AUTHORIZE BILLING TO MY CREDIT CARD FOR THE CHARGES AND PEOPLE MENTIONED ABOVE:

SIGNATURE OF CREDIT CARD HOLDER: _____ DATE: _____

CONTACT INFORMATION

NAME: _____ PHONE NO: _____ FAX NO: _____

IN ORDER TO BILL YOUR CREDIT CARD, BROOKSTREET REQUIRES THE CREDIT CARD HOLDER TO FILL OUT THE CREDIT CARD AND CONTACT INFORMATION WITH THE SIGNATURE OF THE AUTHORIZED CREDIT CARD HOLDER. NO BILLING REQUEST WILL BE CONSIDERED WITHOUT THE SIGNATURE OF THE CARD HOLDER ON THIS FORM.

DO YOU WISH TO KEEP THE ROOM RATE CONFIDENTIAL? YES NO

IF THE GUEST EXTENDS THE STAY, WILL THE BILLING PRIVILEGE BE EXTENDED? YES NO

DO YOU WISH TO GET A COPY OF THE BILL ONCE THE GUEST HAS DEPARTED? YES NO

IF YES, PLEASE PRINT YOUR MAILING ADDRESS OR FAX NUMBER: _____

