



brookstreet  
work·play·getaway

525 Legget Drive  
Ottawa ON K2K 2W2  
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**CREDIT CARD AUTHORIZATION FORM**

TO: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FAX: \_\_\_\_\_

FROM: \_\_\_\_\_

**RETURN TO BROOKSTREET CONTACT:** \_\_\_\_\_

**THIS CREDIT CARD AUTHORIZATION FORM APPLIES TO THE FOLLOWING PEOPLE OR FUNCTION;**

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

**CHARGES TO BE BILLED TO THE CREDIT CARD**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ALL CHARGES           | <input type="checkbox"/> ALL DEPOSITS     | <input type="checkbox"/> FINAL BALANCE DUE     |
| <input type="checkbox"/> GUESTROOM             | <input type="checkbox"/> MEETING ROOM     | <input type="checkbox"/> GOLF                  |
| <input type="checkbox"/> GUESTROOM INCIDENTALS | <input type="checkbox"/> BANQUET CATERING | <input type="checkbox"/> OTHER (SPECIFY) _____ |
| <input type="checkbox"/> PARKING               | <input type="checkbox"/> SPA              | <input type="checkbox"/> FIXED AMOUNT \$ _____ |

CREDIT CARD TYPE: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

I AUTHORIZE CHARGES TO MY CREDIT CARD FOR THE FUNCTION AND/OR PEOPLE MENTIONED ABOVE:

SIGNATURE OF CREDIT CARD HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTACT INFORMATION**

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

IN ORDER TO BILL YOUR CREDIT CARD, THE BROOKSTREET HOTEL REQUIRES THE CREDIT CARD HOLDER TO SIGN THIS REQUEST AND TO INCLUDE A LEGIBLE PHOTOCOPY OF BOTH SIDES OF THE CREDIT CARD USED FOR BILLING. NO BILLING REQUEST WILL BE CONSIDERED WITHOUT THE PHOTOCOPY OF THE CREDIT CARD AND THE SIGNATURE OF THE CARD HOLDER ON THIS FORM. THIS PROCEDURE IS FOR OUR MUTUAL BENEFIT. THE CARDHOLDER AGREES TO PAY ALL CHARGES IN THE EVENT THAT PART OR ALL CHARGES ARE NOT HONORED BY THE ISSUER.

- 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: \_\_\_\_\_