



Sheraton Centre Toronto

H O T E L



Name of Booking Company or Travel Agency _____

Contact Person _____ Telephone (____) _____

Name of Guest _____ Confirmation Number _____

Arrival Date _____ Departure Date _____

Name of Guest _____ Confirmation Number _____

Arrival Date _____ Departure Date _____

Name of Guest _____ Confirmation Number _____

Arrival Date _____ Departure Date _____

Credit Card Holder Information

I, _____ authorize the Sheraton Centre Hotel to use the noted credit card for the incurred charges (as noted below) while the aforementioned guest(s) are guests at the Sheraton Centre Hotel.

Credit Card Number _____ Expiry Date _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

Credit Card will pay for: (Please check where applicable)

Room & Taxes	<input type="checkbox"/>	PSAV – Audio Visual	<input type="checkbox"/>	Meals	<input type="checkbox"/>
All Incidentals	<input type="checkbox"/>	All Charges	<input type="checkbox"/>	Other	<input type="checkbox"/>

NOTE: The above credit card number will be used for the sole purpose as indicated above and will be held in the strictest of confidence by the Sheraton Centre Hotel Reservations Department as well as the Hotel Representative who booked this reservation.

FAX BACK TO (416) 304 - 0113