



& CONFERENCE CENTRE

CREDIT CARD GUARANTEE

To: University of Toronto
89 Chestnut Residence

Date: _____

Dates Accommodation Required:

Address of Cardholder:

Telephone Number:

Charges to be paid on card:

CREDIT CARD TYPE:

Visa MasterCard Amex

(Please circle one)

A photocopy of the FRONT and BACK of the Credit Card must be included to verify the number and the signature.

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME OF CARDHOLDER:

I, the undersigned, hereby authorize the University of Toronto, 89 Chestnut, to bill charges to the above credit card.

SIGNATURE OF CARDHOLDER:

FOR ACCOUNTING USE ONLY:

Authorized Amount:

Transaction Number
