



Travel Hotel Toronto Airport
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AUTHORIZATION TO RELEASE INVOICE OF PAST STAY

Guest Name:		Confirmation #:	
Arrival Date:		Departure Date:	
Room Type:		Total # of rooms:	
Room Number:			

Method of Payment:			
Credit Card Holder Name:			
Credit Card #	(last 4 digits only)		Expiry Date: M Y
Signature of card holder:			
Address:			
Phone #:		Fax #:	

By signing this form, I authorize an individual at Best Western Travel Hotel Toronto Airport to release invoice charges, and other information indicated above.

Signature: _____ Date: _____

Email: _____

Note: Signature on this release form must match that on our invoice records otherwise this request will be considered null and void.

Fax back to (416) 620-1652 or email to info@bwplushotel.com