



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.

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