



## Travel Hotel Toronto Airport

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### CORPORATE ACCOUNT APPLICATION

Name Of Company:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email:		

### SPECIAL AGREEMENT

Reservations Will be made by:		Tel:	
<b>Payment:</b> <input type="checkbox"/> Corporate Card <input type="checkbox"/> Guest <input type="checkbox"/> Direct Billing. Approx. Room Nights Per Year:			
<small>If Paying with Corporate Card, please fax photocopy of front and back with a signature authorizing use of card.</small>			
Signature of Application:		Print Name:	
Position:		Date:	
Direct Tel:		Fax:	
Email:			

### FOR OFFICE USE ONLY

Rate: Q	QQ	K	Suite
Posting Date:		Approved By:	
Corporate Code:		Remarks:	

\*\* Please Sign and return to our Fax: 1 (416) 620-1652 or email to [info@bwplushotel.com](mailto:info@bwplushotel.com)