



This is a request pending approval by the hotel.

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/debit card.

Please provide all the information requested below to ensure prompt processing of your application.

We ask you to please sign and date the form before submission. Please fax the completed form to FRONT OFFICE MANAGER at +16046873102.

Please call number +16046823377 to inform FRONT OFFICE MANAGER that fax is being sent so it can be retrieved in

a timely manner.

Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

**Confirmation Number:** 92792584

**Card Holder Information - Required**

Name as it appears on the credit/debit card: Rachel Catroppa

Card Type:

VISA  Master  American Express  Diners  Discover  JCB

Account Type:  Individual (Personal Credit Card)  Corporate

Company Name (For Corporate card only): Nishnawbe-Aski Legal Services Corporation

Account Number: \*\*\*\*\*2499 Expiration Date: 10/29

Issuing Bank: Scotia Bank Phone #: 8076277698

Billing Address: 138b Mission Road

(where statement is mailed)

City, State and Zip: Fort William First Nation, ON , P7J1K7

Country: CANADA

Phone :8076277698

Fax: 8076223024 Email: RCATROPPA@NANLEGAL.ON.CA

**Guest Information - Required**

Guest Name: Michael Carpenter

Company: Nishnawbe Aski Legal Services Corporation

Address: 138B MISSION RD

City, State and Zip: FORT WILLIAM FIRST NA, ON P7J1K7

Country: CA

Phone:  Fax:  Alternate Phone:

Email Address: lcarpenter@nanlegal.on.ca / rcatroppa@nanlegal.on.ca

Arrival Date: 07Apr24 Departure Date: 10Apr24

Relation to Cardholder:  Family  Friend  Business Associate  Other: \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed

Guest Name: (printed) Michael Carpenter

Guest Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Rate Information and Approved Charges**

Total Room Rate: 100200

Grand Total: 120918

(\* Rate and tax amount must be provided by a hotel representative in order to complete this form.)

All Charges  Room And Tax  Telephone  Other Charges Deposit

I certify that all information is complete and accurate. I hereby authorize The Westin Bayshore, Vancouver to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed 1209.18+deposit for entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) Rachel Catroppa

Cardholder Signature: Rachel Catroppa Date: March 19 2024

**Please do not reply to this message. This form is an auto-generated message. Replies to automated messages are not monitored.**