



Credit Card Authorization Form

900 Canada Place Way
Vancouver, BC V6C 3L5

Event Information

Company Name/Block Name: _____

Block ID/Code: _____

Billing Information

Name of Cardholder: _____

Phone: _____ Email: _____

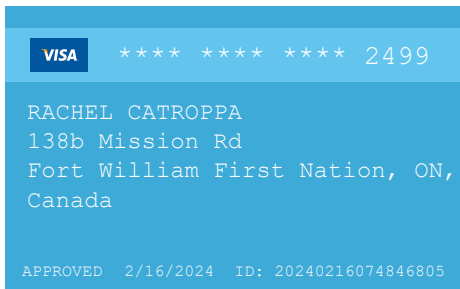
Address: _____

Rate Information

Event/Catering/Banquet Charges/Audio Visual	Parking
Guest Room (Room & Tax/All Charges)	Other Charges: _____

This credit card will be used to settle the initial deposit of \$ _____ and all other deposits per the deposit schedule outlined in the contract.

Credit Card Information



Cardholder's Signature: *Rachel Catroppa* Date: 02/16/2024

 rcatroppa@nanlegal.on.ca