

Payment Authorization Request:

Please complete this payment authorization form to allow the third-party expenses outlined below to be charged to your credit/debit card. [Click here to open Marriott Privacy Center](#)

Guest Information

Confirmation Number: 71690317 Arrival Date: Jan 22 2024 Departure Date: Jan 25 2024

Guest Name: Taina Martin

Company Name: Nishnawbe Aski Legal Services

Phone Number: 807627-7698

Address: 138b Mission Rd

City, State, Zip: Fort William First Nation, Thunder Bay, ON , P7J 1K7

Relation to Cardholder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges:

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet/Laundry Parking HS Internet Access Movies

Event/Catering/Banquet Charges

Other: _____

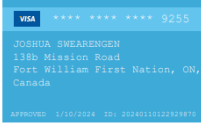
Currency type: CAD

Charges must not exceed 1374 for the entire stay/event

Room Rate: _____ Taxes: _____ Total Daily Rate: _____ Number of Nights: 3

Comments/Special Requests:

Payment Information:



Cardholder Phone Number: 807-630-0822

Acceptance and eSignature:

I authorize the hotel mentioned above to charge 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. I confirm that all guests listed above are age 18 or older. I am the authorized signer for the payment information attached.

Cardholder Signature:  _____
rsatrons@nashioleal.on.ca

Date: 01/10/2024