The Fairmont
VANCOUVER AIRPORT

REQUEST FOR THIRD-PARTY BILLING

DATE:	NUMBER OF PAGES (INCLUDING COVER):
TO: IN ROOM DINING	FAX NUMBER: **604-248-3219**
FROM:	FAX NUMBER:

GUEST INFORMATION

GUEST 1	GUEST 2	GUEST 3
GUEST NAME	GUEST NAME	GUEST NAME
CONFIRMATION NUMBER	CONFIRMATION NUMBER	CONFIRMATION NUMBER
ARRIVAL DATE	ARRIVAL DATE	ARRIVAL DATE
DEPARTURE DATE	DEPARTURE DATE	DEPARTURE DATE

BILLING INFORMATION

PLEASE USE THE CHECK BOXES PROVIDED TO INDICATE THE ACCEPTED CHARGES.

GUEST 1	GUEST 2	GUEST 3
❑ ALL CHARGES	❑ ALL CHARGES	❑ ALL CHARGES
❑ ROOM & TAX	❑ ROOM & TAX	❑ ROOM & TAX
❑ INCIDENTALS	❑ INCIDENTALS	❑ INCIDENTALS
❑ AMOUNT: (CDN $)	❑ AMOUNT: (CDN $)	❑ AMOUNT: (CDN $)
❑ OTHER:	❑ OTHER:	❑ OTHER:

CREDIT CARD INFORMATION

❑ VISA	❑ MASTERCARD	❑ AMERICAN EXPRESS	❑ DINERS CLUB	❑ DISCOVER

CARD NUMBER:	**EXPIRY DATE:**
CARD HOLDER:	
CARD HOLDER SIGNATURE:	**DATE:**
CONTACT TELEPHONE NUMBER:	
BUSINESS NAME:	
ADRRESS:	

A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD, ALONG WITH PICTURE ID, MUST BE INCLUDED WITH THIS AUTHORIZATION, CLEARLY SHOWING THE CARD NUMBER AND HOLDER'S SIGNATURE.

3111 GRANT McCONACHIE WAY, RICHMOND, BRITISH COLUMBIA, V7B 1X9, CANADA
TELEPHONE: 604-207-5200 FACSIMILE: 604-248-3219