



CREDIT CARD GUARANTEE

To: University of Toronto
89 Chestnut Residence

Date: _____

Dates Accommodation Required:

Address of Cardholder:

Telephone Number:

Charges to be paid on card:

CREDIT CARD TYPE:
(Please circle one)

Visa MasterCard Amex

*A photocopy of the FRONT and BACK of the Credit Card
must be included to verify the number and the signature.*

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME OF CARDHOLDER:

I, the undersigned, hereby authorize the University of Toronto,
89 Chestnut, to bill charges to the above credit card.

SIGNATURE OF CARDHOLDER:

FOR ACCOUNTING USE ONLY:

Authorized Amount:

Transaction Number

Approval Code:
