



CREDIT CARD GUARANTEE

To: University of Toronto
Chestnut Residence

Date: _____

Dates Accommodation Required:

Address of Cardholder:

Telephone Number:

Charges to be paid on card:

- Charges to be paid on card:
[] \$400 deposit only [] Deposit and Monthly Charges

(please check one box)

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 signature.

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME OF CARDHOLDER:

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

SIGNATURE OF CARDHOLDER:

FOR ACCOUNTING USE ONLY:

Authorized Amount:

Transaction Number

Approval Code:
