

Extended Hotel Stay Request

UNIT NO. _____

EFFECTIVE DATE : _____

ENDING DATE: _____

All extended stay requests for 4 month and longer stay require 60 days charges payable in advance; shorter terms payable in full
 All requests not paid in full, in advance require \$150 administration fee
 Rooms offer shared Bath & Kitchen; Studio Suites offer Bath/Shower & Kitchenette

Requested Unit (or equivalent available) _____

GUEST 1

Full Name _____
 Permanent Address _____
 Phone No _____
 Call Phone _____
 Email _____

Employer Name _____
 Address _____
 Phone _____
 Email _____

School Name _____
 Campus _____
 Course _____
 Year _____

Credit Card No. _____
 Expiry Date _____
 Security Code _____

Bank Name _____
 Address _____
 Transit No _____
 Bank No _____
 Account No _____

Driver's License No _____
 Issued At _____
 Expiry Date _____
 Country _____

GUEST 2 (if any)

Full Name _____
 Permanent Address _____
 Phone No _____
 Call Phone _____
 Email _____

Employer Name _____
 Address _____
 Phone _____
 Email _____

School Name _____
 Campus _____
 Course _____
 Year _____

Credit Card No. _____
 Expiry Date _____
 Security Code _____

Bank Name _____
 Address _____
 Transit No _____
 Bank No _____
 Account No _____

Driver's License No _____
 Issued At _____
 Expiry Date _____
 Country _____

There is NO PETS – NO SMOKING policy within the property - No musical instruments allowed that will disturb the other guests

\$150.00 non-refundable administration fee, to be paid with the request.

Applicant represents that statements made are true and correct and hereby authorizes verification of references to include but not limited to credit checks, and agrees to furnish additional credit references on request. Applicant/ Guarantor agree to pay room charges in advance to St. Lawrence Boutique Suites & Residences and payable with the request for the whole period, an amount equal to 30 night charges will be required for stay longer than 120 nights, all requests less than 120 nights to be paid in full. For longer than 120 night stay, he charges payable in advance for each calendar month. A \$300.00 service/ administration charge for returned cheques. Late payment may result in removal of guest from the premises. The Applicant/ Guarantor are fully responsible for all unpaid accounts and for any damages caused directly or indirectly by Applicant/ Guarantor and/or his/her guests. There is code of ethics and rules in effect; a copy may be obtained from the office. Additional Rules may be applicable from time to time. Such additional rules will be for the safety of all guests, and must be adhered to, by all concerned.

The Applicant/ Guarantor covenant to Hotel management they will not bring or introduce to property any vermin such as mice, cockroaches, bed bugs or do anything to cause the spread of such vermin, further if they do, they will inform the management immediately, take necessary action, and or hire professional exterminators to get the property free of such varmints.

The deposits are non-refundable. The premises are designated as "Smoke Free Environment", as such no smoking is allowed within the property, including bedrooms, hallways, kitchen, washroom, laundry room, roof, stairways or elsewhere on the property.

Permission must be obtained if you will have a guest staying with you past 11:00PM, the cost is \$75.00/ night without permission \$39.99/night with permission. You are also required to obtain permission, if you will have 3 guests or more in the common areas or use of sitting area as a place to hold a party, the cost is \$200.00 per party, \$100.00 per party with permission. At the end of stay you are expected to return the premises in the condition you received, and have it professionally cleaned. If you fail to do so, the cleaning charges will apply.

NOTE: Your rate is based on the number of nights, you contract for. If for any reason of early termination, the rate will be adjusted to closest completed night rate, plus an amount equal to 30 night charge, as an early termination fee.

By signing below you certify the above information is complete and accurate.

Signed in the City of Toronto, or _____, on

DATED this _____ day of _____ 20____

DATED this _____ day of _____ 20____



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