



CORPORATE ACCOUNT APPLICATION

Company Name: _____

Address: _____

Telephone: _____ Fax : _____

Main Contact Person: _____

E-mail address: _____

Estimated Nights per year: _____ Average Length of Stay: _____

Period of Travel: year-round conference/events only
 specific months _____

Hotel(s) You Presently Deal With: (1) _____
(2) _____
(3) _____

Criteria for inclusion in preferred hotel list: Location
 Rate (per night maximum: _____)
 Other _____

Do you use a corporate travel agent: No Yes _____

How did you hear about us: referred by _____
 Trip advisor / Online booking tool _____
 Social Media (Facebook / Twitter / Blog)
 Other _____

Submitted by (please print) : _____

Title : _____ Date : _____

Please complete & return to **SALES DEPARTMENT** by fax : 604-683-1391 OR via e-mail at sales@carmanaplaza.com