

# BOSTON PARK PLAZA

## Credit Card Authorization Form

Please mail or fax to: Boston Park Plaza  
50 Park Plaza at Arlington Street  
Boston, MA 02116  
P: 617-426-2000 F: 617-423-1708 (Reservations Department)

I, \_\_\_\_\_, authorize Boston Park Plaza to charge my credit card according to the details listed below. I guarantee full payment of the account described.

<u>Guest Name</u>	<u>Dates of Stay</u>	<u>Booking #</u>

### Billing To Include:

Room and Tax:

Facility Fee:

(Boston Park Plaza has a mandatory Facilities Fee of \$25.18/night. This fee allows the hotel to provide our guests with value added amenities such as: High-speed Wifi, Lynx Fitness Center Access, PressReader, Chromecast, local and domestic long distance calls)

All Charges:

Others (specify): \_\_\_\_\_

**\*\* PLEASE NOTE CREDIT CARD WILL BE CHARGED UPON RECEIPT OF FORM \*\***

Credit card number \_\_\_\_\_ Exp.Date \_\_\_\_\_

Credit card type \_\_\_\_\_

Company/Card Holder Name: \_\_\_\_\_

Card Address: \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (for receipt/confirmation) \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**\*\* FORM MUST BE RETURNED BY FAX ONLY. DO NOT EMAIL. \*\***