

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 (Reservation 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 \$20.00/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. ****

50 Park Plaza at Arlington Street

Boston, MA 02116-3912