



**CREDIT CARD BILLING REQUEST**

Date: \_\_\_\_\_

The Boston Park Plaza Hotel & Towers  
ATTENTION: Sales/Catering  
50 Park Plaza at Arlington Street | Boston, MA 02116  
FAX: 617.457.7456

I, \_\_\_\_\_ authorize The Boston Park Plaza Hotel & Towers to charge my credit card according to the details listed below. I guarantee full payment of all charges to my account as described. I understand that my credit card will be authorized or charged upon receipt of my signed authorization form.

**NAME OF GROUP:** \_\_\_\_\_

**FUNCTION DATE:** \_\_\_\_\_

**BILLING TO INCLUDE:**  
(Please indicate each category with an "X")

**ROOMS:**

- Room and Tax Only
- Room, Tax and Incidentals

**BANQUET CHARGES:**

- Banquet Charges
- Banquet and Misc. Charges
- Room Rental
- Misc. Charges

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **CREDIT CARD TYPE:** \_\_\_\_\_

**ADDRESS OF AUTHORIZED USER:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**SIGNATURE OF AUTHORIZED USER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

*50 Park Plaza at Arlington Street | Boston, MA 02116-3912  
Tel: 617.426.2000 | bostonparkplaza.com  
Reservations Fax: 617.423.1708 | Hotel Guest Fax: 617.426.5545*

