



Credit Card Authorization Form

Please mail or fax to:
The Boston Park Plaza Hotel & Towers
50 Park Plaza at Arlington Street | Boston, MA 02116
P: 617.426.2000 | F: 617.423.1708

I _____ authorize The Boston Park Plaza Hotel & Towers to charge my credit card according to the details listed below. I guarantee full payment of the account described.

Name of the guest: _____

Confirmation number(s): _____

Date of arrival: _____ Date of departure: _____

Billing To Include:

- _____ Room & tax only
- _____ All Charges
- _____ Other (PLEASE SPECIFY)

PLEASE NOTE CREDIT CARD WILL BE CHARGED IN ADVANCE FOR ROOM & TAX

Credit card number: _____ Exp. date: _____

Credit card type: _____

Address of credit card holder: _____

Telephone number: _____ Fax: _____

E-mail address (for receipt or confirmation): _____

Signature of card holder: _____ 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*