



APPLICATION FOR DIRECT BILLING

(Application must be submitted 60 days prior to event; incomplete applications will not be processed and completion of this form does not guarantee credit approval)

The Boston Park Plaza Hotel & Towers
50 Park Plaza at Arlington Street | Boston, MA 02116
(P) 617.426.2000 | (F) 617.457.7449 | (E) spark@bostonparkplaza.com

1. COMPANY NAME: _____
2. CONVENTION NAME: _____
3. ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
4. PARENT CO. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DUN & BRADSTREET NO.: _____ RATING: _____
TAX I.D.: _____

BANK REFERENCES

5. NAME/BRANCH: _____
ACCT. EXECUTIVE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
ROUTING #: _____ ACCT. #: _____
6. NAME/BRANCH: _____
ACCT. EXECUTIVE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
ROUTING #: _____ ACCT. #: _____
7. CORPORATE CREDIT CARD #: _____ EXP. DATE: _____

PAYMENT NOT RECEIVED WITHIN SPECIFIED TERMS WILL RESULT IN CARD BEING CHARGED

*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*



HOTEL REFERENCES

8. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
FUNCTION DATE: _____
9. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
FUNCTION DATE: _____
10. NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
FUNCTION DATE: _____

BILILNG INSTRUCTIONS

11. CONTACT NAME/TITLE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TEL: _____ FAX: _____
EMAIL: _____

Please check all that apply:

- ALL CHARGES: ROOM/TAX ONLY: AUDIO VISUAL: TELEPHONE:
LAUNDRY: MOVIE: ROOM SERVICE: BANQUET: RESTAURANT:
AUTHORIZED SIGNATURE(S): _____
EXPECTED ARRIVAL DATE: _____ DEPARTURE: _____
EXPECTED DOLLAR VOLUME: _____ NO. OF ROOMS: _____
DOES THE COMPANY REQUIRE A PURCHASE ORDER? IF YES, PO#: _____
SALES TAX STATUS: TAXABLE: _____ EXEMPT: **ATTACH CERTIFICATE**

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MUST BE RETURNED NO LATER THAN 60 DAYS PRIOR TO FUNCTION

We/I hereby authorize and direct that an inquiry be made of the references provided and of credit reporting agencies, and agree to hold the hotel harmless from any action arising out of legitimate and proper conduct of credit investigation.

We/I are/am authorized to obligate the firm, group, or individual named previously, and will pay for charges incurred by the hotel. We/I agree that the entity named responsible will pay all amounts due to the hotel, as evidenced by the account, not later than thirty (30) days after checkout/function date. Further we/I agree that a finance charge of 1.5% or maximum allowed by law will be assessed on any balance that is past due. Should the hotel, in its sole discretion, deem collection action necessary in regards to outstanding balances hereunder, all costs associated with that collection action, including attorney's fees, shall be posted to the master account.

Further we/I agree that this document shall not be binding on The Boston Park Plaza Hotel & Towers unless and until financial arrangements for settlement of all charges are stated on its face and an authorized signature appears below.

We/I have listed other names and the capacities of the persons who are authorized to charge to this account as an attachment to this application.

We/I certify that the above statements and the above information on the fact of this document are true and correct. We/I agree to pay 50% of estimated charges 30 days prior to arrival.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____