



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

- During regular business hours, Monday through Friday 9am-5pm, please fax the completed form to Accounting at 617-574-7183.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____

Exp. date: _____

Address:

(where statement is mailed)

City, State and Zip: _____

Phone number: _____

Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____

Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____

Departure date: _____

Relation to cardholder: Relative

Friend

Business Associate

Other: _____

Rate information and Approved charges

Room rate:* _____

Taxes:* _____

Total daily rate:* _____

Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges

Room & Tax

Telephone (LD)

Telephone (Local)

Restaurant

Room Service

Valet (Laundry)

Parking

HS Internet Access

Movies

Other: _____

I certify that all information is complete and accurate. I hereby authorize _____ to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____

Date: _____