



Hilton Boston Back Bay Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

For the security of your credit card information and in compliance with Payment Card Industry requirements, this authorization form and required backup cannot be sent via email and will only be accepted via fax to the number listed below

FAX COMPLETED FORM TO: 617-867-6011

Date: _____

Guest / Group Name:	
Check-In / Event Date:	
Name of Person/Group Making Reservation:	Phone:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:	
Cardholder Billing Address:	
City:	State: Zip:
Daytime /Business Telephone:	Evening Telephone:
Credit Card Number:	Expiration Date:
Credit Card Type: (Circle one) <div style="display: flex; justify-content: space-between; padding: 0 10px;"> Visa/MasterCard American Express Discover JCB Diners Club </div>	
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle) <div style="display: flex; justify-content: space-between; padding: 0 10px;"> All Charges Room & Tax Food & Beverage Retail Recreation </div>	
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____	

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____ Date: _____