

Embassy Suites Waltham Bridal Showcase	Hotel Name: Embassy Suites Boston/Waltham
	Address: 550 Winter Street
	City, State, Zip: Waltham, MA 02451
	Fax Number: 781-890-9097

PLEASE PRINT

Card Holder Name:	
Contact Phone #:	
Contact Email:	

<i>Charges to be covered by Authorization (Circle)</i>		<i>Additional Guest Names</i>	
Room and Tax	All Charges	Print Name: _____	Conf #: _____
Food	Specific Amount: _____	Print Name: _____	Conf #: _____
Beverage		Print Name: _____	Conf #: _____
Telephone	DEPOSIT: _____	Print Name: _____	Conf #: _____

I hereby authorize Embassy Suites Boston/Waltham to charge by personal/corporate credit card for expenses incurred as noted above. (Attach a legible copy of the front and back of your credit card)

Signature of Cardholder _____ Date _____

Cardholder Name _____

Credit Card Number _____

Credit Card Type _____

Expiration Date _____ Security Code _____

Credit Card Billing Address _____

If you would like to have a copy of the final paid bill sent to you, please fill out the following:

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____

PCI COMPLIANCE MANDATES THAT FORM MUST BE FAXED - DO NOT EMAIL

Form must be received by the Hotel at least three (3) days prior to check-in or function date.

Hotel Use Only	
Posted Date _____	Approval Code _____
Amount _____	Posted by _____