

CREDIT CARD AUTHORIZATION – MONTHLY PAYMENTS

I, _____, hereby authorize
Seaport Hotel Garage to automatically charge _____ for payment of Monthly parking
privileges each month.

Card #: _____

Expiration Date: _____

Cardholders Address: _____

Cardholders Telephone Number: _____

Cardholders Signature: _____

Cardholders Name: _____
(Please print name)

Email Address: _____
(receipts will be emailed)

*Please note that the billing is done through the Seaport Hotel Garage and will appear as such on your credit card statement.

*All cancellations must be done prior to the 1st of the month

1 Seaport Lane, Boston, MA 02210
Phone: 617-385-4530 Fax: 617-385-4158

Office Use Only

Start Date: _____ AVI # _____ Employee Initials: _____

Monthly Type: _____