



Garage
at
Post
Office
Square

Zero Post Office Square
Boston, Massachusetts 02109
tel 617-423-1500
fax 617-423-0507
www.posquare.com

Courtesy Card Application

Today's Date: _____

ORDER #1	
Number of Cards Issued: _____	Value of Each Card: \$ _____
Card Numbers: _____	
Cards to read "Courtesy of": _____	

ORDER #2	
Number of Cards Issued: _____	Value of Each Card: \$ _____
Card Numbers: _____	
Cards to read "Courtesy of": _____	

CUSTOMER INFORMATION	
Name: _____	
Company: _____	
Address: _____	
City, State, Zip: _____	
Telephone: _____	
Fax: _____	
Email: _____	
PAYMENT METHOD	
<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Comp
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Credit Card Number: _____	Expiration Date: _____
Name (as appears on card): _____	
Customer Signature: _____	

TO BE COMPLETED BY MANAGEMENT

	ORDER #1	ORDER #2
Number of Courtesy Cards:	_____	_____
Value of Each Card:	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Total Due:	\$ _____	
Approval (comps only):	_____	

FRIENDS OF POST OFFICE SQUARE

Park Card Account Closed. Card Number: _____

Reissuing Expired Cards. Card Numbers: _____