



GARAGE
AT
POST
OFFICE
SQUARE

Zero Post Office Square
Boston, Massachusetts 02109
TEL 617-423-1430
FAX 617-423-2141
www.posquare.com

**AUTHORIZATION
FOR CREDIT
CARD DEBIT**

*(For use with Business
Validations)*

Name of Validation: _____
LAST FIRST MIDDLE INITIAL

Validation Number: _____ Account Number: _____

Method of Payment (*select one*): VISA Master Card AMEX Discover

Credit Card/Account Number: _____

Expiration Date: _____

Credit Card Type (*select one*): Personal Corporate

Credit Card Billing Address: _____
STREET

_____ CITY STATE ZIP

Name As It Appears On Credit Card: _____

(If Corporate Card) Business Name: _____

Address: _____
STREET

_____ CITY STATE ZIP

Business Phone: _____ Home Phone: _____

Business Email Address: _____ Home Email Address: _____

Initial transaction amount authorized for payment: _____

Check One:

- Please charge the above transaction(s) and all future transactions on my monthly parking account with the above card until notified in writing to cease.
- Please charge transaction(s) listed above only. All future orders must receive authorization prior to charging the above card.

I certify that the above information is correct as of this date, and agree to give prompt written notice of any change to the current Garage Operator, or any successor operator of the Garage. I have listed a credit card account number and hereby authorize Operator to charge, on a monthly basis, the credit card indicated for the amount of the prevailing monthly Business Validation usage, as described in my signed Validation Program Agreement. To cancel this automatic credit card debit agreement, I must give written notice to the Operator.

DATE

SIGNATURE

For Office Use Only

Effective Date: _____ Validation No.: _____

Accepted By: _____