



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 The Preferred
Card Application)*

Name of Cardholder: _____
LAST FIRST MIDDLE INITIAL

Pass Card 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: _____

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 the Operator to charge on the first business day of each month the credit card indicated for the amount of the prevailing monthly rate, as described in my signed Parking Agreement (The Preferred Card Parker Information Form). To cancel this automatic credit card debit agreement, I must complete the Cancellation Form, with at least thirty days notice, which can be obtained in the Garage Office.

DATE SIGNATURE

For Office Use Only	
Effective Date: _____	Card No.: _____
Account No.: _____	Rate: _____ Accepted By: _____
Cancellation Date: _____	Security Deposit: _____