



GARAGE AT POST OFFICE SQUARE

Are you canceling your Preferred Card?

- Please remember, as stated in the *Preferred Card* Parker Information Form, thirty (30) days notice is required to cancel your *Preferred Card* account.
- To cancel your *Preferred Card* account, please complete the following.
 1. Complete the identifying information at the top of the form. Please remember to fill in the effective date of change while taking into consideration that a minimum of 30 days notice is required for a cancellation and the effective date must be the last day of a month. Effective dates of less than 30 days will not be accepted.
 2. Complete Section A of the form.
- Once you have completed the information listed above, print the form, sign it and submit it, in person, to the garage office, located on the lobby level of the garage, for processing. Cancellations must be received in hand, and authorized by the Garage Manager in order to be valid.

Are you updating your Preferred Card Account Information?

- To update contact, vehicle or billing information on your *Preferred Card* account you will want to complete the identifying information at the top of this form and the relevant information in Section C.
- Then print the form, sign it and take it, in person, to the garage office, located on the lobby level of the garage, for processing.

Should have any other questions regarding this form or your *Preferred Card* account, please contact the garage manager at 617.423.1430 or customer service at 617.423.1500 or contact us via our website at www.posquare.com.



**GARAGE
AT
POST
OFFICE
SQUARE**

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

**THE PREFERRED
CARD
CANCELLATION &
INFORMATION
CHANGE FORM**

Today's Date: _____ Effective Date of Change: _____
(30 DAYS NOTICE REQUIRED FOR CANCELLATION)

Cardholder's Name: _____

Preferred Card No.: _____

Email Address: _____

Account Type: Individual Corporate Shareholder

Corporate Account Number / Shareholder Name on Account: _____

Please select one of the following:

A: CANCEL CARD
Reason: _____ Last Use Date: _____ Mgr Initial _____

B: REPLACE CARD
Reason: Faulty Card Lost Card
Issued New Card #: _____ Mgr Initial _____
(ATTACH APPLICATION)

Office Use Only		
Fee Charged: \$	Payment Method:	Mgr Initials:

C: UPDATE ACCOUNT INFORMATION
Transferring a card to a new cardholder is not permitted under this section of the Change Form. To transfer a card, the old customer must complete the cancellation section of this form and new customer must complete a new Preferred Card application.

Update Current Cardholder's Information (supply changed information below)

Cardholder's Name: _____

Company: _____

Vehicle Owner's Address: _____

STREET	CITY	STATE	ZIP
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Billing Address: _____

STREET	CITY	STATE	ZIP
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Business Phone: _____ Home Phone: _____

Fax Number: _____ Cell Phone: _____

Email Address: _____

Vehicle Information: _____

MAKE	MODEL	YEAR	COLOR
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License Plate: _____

STATE	NUMBER
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Credit Card Type: Personal Corporate

Credit Card: Master Card VISA AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____

Cardholder's Signature: _____ Date: _____

Change Authorized by: _____ Date: _____

GARAGE MANAGER ONLY