

# **The Midtown Hotel**

220 Huntington Ave., Boston, MA 02115

617-262-1000, Fax: 617-262-8739

## **Letter of Authorization**

Along with this letter, please mail or fax *a copy of the front and back of the credit card* mentioned below in order for us to verify signatures.

I, \_\_\_\_\_ authorize the Midtown Hotel the  
(Cardholder name)  
use of my \_\_\_\_\_, number \_\_\_\_\_,  
(Credit card type) (Card number)  
Expiration date \_\_\_\_\_ for the settlement of (please check all that apply):

ROOM & TAXES: \_\_\_\_\_ PARKING: \_\_\_\_\_ ALL CHARGES: \_\_\_\_\_

for: \_\_\_\_\_ during their stay with the Midtown  
(Guest Name)  
Hotel

on \_\_\_\_\_ till \_\_\_\_\_ .  
(Arrival date) (Departure date)

Signature of Cardholder \_\_\_\_\_ Date: \_\_\_\_\_

If you would like us to send you the complete final bill, please fill your address or email information below.

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THE COMPLETED INFORMATION TO THE MIDTOWN HOTEL VIA  
FAX AT: **617-262-8739**