



INTERCONTINENTAL  
BOSTON

**GIFT CERTIFICATE PURCHASE**

**THIRD PARTY CREDIT CARD AUTHORIZATION FORM**

Please return by fax to Front Desk at: 617 217 5169

I, (cardholder's name as it appears on the card) \_\_\_\_\_, assume responsibility for and authorize the InterContinental Boston to charge my credit card for the following Gift Certificate:

- Hotel Rooms / Spa
- Rumba / Miel Restaurant

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

**Type Amount:** \_\_\_\_\_

***NOTE: PLEASE RETURN FORM WITH CLEAR PHOTOCOPY OF BOTH SIDES OF ACTUAL CREDIT CARD, ALONG WITH A PHOTOCOPY OF THE CARD HOLDERS DRIVERS LICENSE AND/OR PASSPORT. CREDIT CARD NUMBERS MUST BE VISIBLE AS WELL AS THE CREDIT CARD HOLDER'S SIGNATURE. CREDIT CARDS THAT CANNOT BE READ WILL NOT BE ACCEPTED AS A FORM OF PAYMENT. THANK YOU.***

NOTE : The person executing this agreement, and, if applicable, the entity on whose behalf such person is executing this agreement, shall be jointly and severally liable for payment of all charges incurred pursuant to this Agreement, inclusive of late charges.

AMERICAN EXPRESS  VISA  MASTERCARD  DINERS CLUB  DISCOVER

Credit Card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Card Holder's Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

Front Desk Assistant Manager