



45 Hull Shore Drive
Hull, MA 02045

THIS FORM IS TO BE COMPLETED BY THE CARDMEMBER TO AUTHORIZE THAT HOTEL CHARGES FOR GUESTS OTHER THAN THE CARDMEMBER MAY BE CHARGED TO THE CARDMEMBER'S ACCOUNT

DATE THIS FORM IS COMPLETED:

CARDMEMBER NAME:

CARDMEMBER ACCOUNT NUMBER:

EXPIRATION DATE:

CARDMEMBER ADDRESS:

CARDMEMBER PHONE NUMBER:

THE FOLLOWING GUEST CHARGES MAY BE BILLED TO THE CARDMEMBER ACCOUNT:

- Industry \$950.00
- Academics \$750.00
- Students/ Postdocs \$350.00
- Guest \$400.00

TO BE COMPLETED BY CARDMEMBER:

By signing this form below, I agree to be responsible for any charges billed to my account based on the terms and conditions shown on this form and for the types of charges I have agreed may be charged to my account for the list of guests/employees I have provided above.

I understand that if any advance deposit has been required by the hotel, the amount of the deposit will be billed to my above-listed Card Account Number immediately upon receipt of this signed form. For any exception to the merchant cancellation policy indicated on this form, I must obtain written concurrence from the above listed merchant, which must be provided to American Express as support in the event of a billing dispute, and retain such record for one year after the room charge. I understand that if any room reserved is not used and was not cancelled in accordance with the above cancellation policy, then my Card Account will be billed the amount described in the cancellation policy.

PRINT NAME:

TODAY'S DATE:
