



## Credit Card Authorization Form

I, Robert Shannon hereby authorize, Bambara Restaurant, to process the following credit card:

Guest Name: NBER Confirmation #: \_\_\_\_\_

Arrival Date: 11/7/19 Departure Date: \_\_\_\_\_

Contact Name: Rob Shannon

Name on Credit Card (if different from above): \_\_\_\_\_

Last Four Digits of Credit Card Number: 4033

**\*\*To protect your confidential information, do not provide the full credit card number in this form. Please CALL the hotel to provide your full credit card number.\*\***

Expiration Date: 9/23

Billing Address: 1050 Mass Ave

City/State/Zip: Cambridge, MA 02138

Daytime Phone Number: 617 588 0384

Authorized Signature: 

Please Indicate Billing Instructions: (Check all that apply)

Banquets \*

Audio Visual Only

Advance Deposit of \$ \*

Room and Tax Only

Incidentals Only

Other (please specify): Bambara

**\*\* Please note that if a different form of valid payment is not received at time of check-in, all charges will be applied to**