



ROYAL SONESTA HOTEL

BOSTON

40 Edwin Land Boulevard, Cambridge, Ma. 02142
617-806-4200 Phone

617-806-4032 Accounting Fax (Weekdays 8am - 4 pm)
617-806-4232 Front Desk Fax (In-house guests, after hours, and weekends)

ROOMS CREDIT CARD AUTHORIZATION FORM

Today's date 2/27/2019 CONFIRMATION #: 8113693

Name of guest (s): Soumarla Gansonve

Date of Arrival: 2/27 Departure Date: 3/3/2019

Company or Group: NBER - African Development Bank

Dates for credit card approval: _____
(If different from Date of Arrival)

I authorize the Royal Sonesta Hotel - Cambridge to use the credit card information listed below as payment for the charges indicated during the stay of the aforementioned guest(s). Please check the appropriate line.

_____ All Charges - Room, Tax & Incidentals.

_____ Room & Tax Only - Incidentals to be paid by Guest.

} room & tax already go to master bill. This is back up for

Upon conclusion of that stay, the Royal Sonesta Hotel - Cambridge agrees to forward to my attention a copy of the account detailing those charges. Please return this agreement along with a copy of the cardholder's photo identification.

Cardholder's Name: CARL BECK

Credit Card Number: 5179 0600 0025 1783

Cardholder's Signature: [Signature]

Cardholder's Mailing Address: 478 Beacon Street #3
Boston, MA 02115

Email Address: check@nber.org

Telephone Number: 6175880380 Fax Number: _____

*Sales Manager Name: _____
(If applicable)

any inci- dentals. The guest should settle incidentals in cash. Exp. Date 04/22