

# PARKING FORM



## Credit Card Authorization Form

Name On Credit Card: \_\_\_\_\_

Type Of Credit Card: (Circle One) Visa/Master Card/AMEX/Discover

Account Number \_\_\_\_\_ Exp Date Billing \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email/Fax \_\_\_\_\_

## Authorized User of Credit Card

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Type Of Charges Parking

Event Name/Location Connected Car Expo Event Date 11/15, 11/16, 11/17

Parking Lot Requested W-\$25 PER DAY/NO OVERNIGHT Circle all requested

Authorized Amount \_\_\_\_\_

## Authorization Of Card Use

I certify that I am the authorized holder and signer of the credit card reference above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed

Cardholder Name \_\_\_\_\_

Signature/Date \_\_\_\_\_

Please Fill this out and Fax to (213)-742-7282 Att. Parking Department-

**All Sales are final. No refunds on unused Passes or Validations**