



CREDIT CARD AUTHORIZATION AGREEMENT

Please print and complete the following form to allow us to process your credit card transactions each month. Upon completion, please fax the form to (866) 579-8617.

Name of person providing credit card information: _____

Name on Credit Card (if different): _____

Type of Credit Card: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Initial transaction amount authorized for payment: _____

Check One:

_____ Please charge the above transaction(s) and all future transactions on my monthly parking account with the above card until notified in writing to cease.

_____ Please charge transaction(s) listed above only. All future orders must receive authorization prior to charging the above card.

If the person using the credit card isn't the card holder, we must have an authorized signature from the card holder giving permission to complete this transaction.

Authorized Signatures:

Cardholder's Signature and Date

Requestor's Signature and Date
(If different from cardholder)

AmeriPark Offices
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