CREDIT CARD AUTHORIZATION FORM

SYLVAN PARKING

ACCOUNT #

Garage Name or Address: _____

NOTE: **Customer must complete & return form to the garage manager**

CUSTOMER INFORMATION

Title (Mr. Mrs. Ms. Dr)	Last Name	First Name	MI

Address	APT

City	State	Zip Code

Telephone

E mail address

AUTOMATIC CREDIT CARD PAYMENT TERMS

Credit Card	Expiration Date	CVV code

Amex	Visa	Master	Discover	Other

By supplying my credit card information above, I hereby authorize Garage Name (the garage) to automatically charge my credit card account on the 1st calendar day of the month for all amounts due on my parking account relative to the parking services requested on this application. I understand that the rates and hours of use may change from time to time and I agree with those changes as filed with Consumer Affairs. **I understand that by having my parking fee's processed via this Agreement, all applicable charges due will be automatically charged to my account. This procedure will remain in effect until I give the garage thirty (30) business days written notice or until my parking account is canceled in writing. I understand that if I cancel my account after the start of a monthly cycle that there is no refund; prorate charge, or any credit given for days not used for that month.** I further authorize a late fee charge to my account in the event the automatic payment is rejected because my bank account has been closed, expired, or has insufficient funds to cover the balance due. I understand that if my parking account balance is insufficient to satisfy all current parking charges, my right of access to or from the facility may be suspended or terminated, including, without limitation, keycard deactivation. If my account remains delinquent after notice from the garage, I understand that my vehicle may be impounded, moved within, or removed from the facility. I agree that the garage shall have no liability whatsoever for any damage that may arise in connection therewith and that I will be responsible for all additional charges incurred, including lien fees.

_____   _____
Accepted by Customer (print name)   Date

_____   _____
Accepted Customer Signature   Date