



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Pearson Street Parking Corp. to use my credit card to charge for my parking reservation charges for the parking space(s) utilized at this location. I fully understand and agree that if payment for the services rendered does not occur, according to contract and or cancellation policy, my credit card will be charged for the balance due.

Payment Information

Payment Type: MasterCard Visa American Express Discover

Credit Card No:

Expiration Date:

Security Code:

Name of Credit Card Holder:

Credit Card Address:

Signature of Credit Card Holder x

Date of Signature

Telephone No. (Work)

Telephone No. (Home/Mobile)

Please provide clear copies, front and back of both Credit Card and Matching ID.

ALL RECEIPTS MUST BE PICKED UP FROM THE CASHIER AT THE TIME OF ENTRY. WE WILL NOT RESEND COPIES AT A LATER DATE.

Please email or FAX to 646-619-4300