



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize Pearson Street Parking Corp. to use my credit card for any charges associated with monthly daily or house charges associated my account(s) at this location. I fully understand and agree that if payment for the services rendered does not occur by any other method, according to contract and or cancellation policy, my credit card will be charged for any 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:

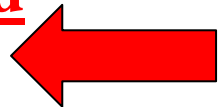
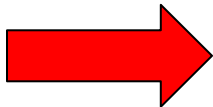
Signature of Credit Card Holder x

Date of Signature

Telephone No. (Work)

Telephone No. (Home/Mobile)

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



Please email or FAX to 646-619-4300