



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 attention Michelle Gensler @ (805) 899-2983.

Name of person providing credit card info: _____

Name on Credit Card (if different): _____

Type of Credit Card (Circle one): Visa MC Discover

Credit Card Number: _____

Expiration Date: _____

Billing Address

Address: _____

City: _____ State: _____ Zip: _____

Special Note:

- Unless you notify us otherwise, we will charge your card each month for the amount you have agreed to in the Monthly Parking Agreement form on file with us.
- For Special instruction, please make a note in the space provided below.
- 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 the transaction.

Authorized Signatures:

Cardholder's Signature and Date

Requestors Signature and Date
(If different from cardholder)

Signature Parking
924 Chapala St., Suite B * Santa Barbara, CA * 93101
Phone (805) 969-7275 * Fax (805) 899-2983