



CITY OF ORLANDO



CREDIT CARD AUTHORIZATION FORM

I _____, authorize the City of Orlando Parking
PRINT NAME AS SHOWN ON CREDIT CARD

Division to charge the monthly parking fee of \$_____ to the credit card I am listing below. I understand that my account will be debited on the 27th day of month for my parking in the garage(s).

In the event that my credit card cannot be processed, my garage access will be automatically locked out on the third business day until payment has been received.

I will give a cancellation notice in writing at least 30 days prior to the last business day of the month when terminating this agreement.

.....
 VISA M/C AMX Discover

CREDIT CARD NUMBER EXP. DATE

SIGNATURE _____ DATE _____

PHONE _____

ADDRESS _____

CITY STATE ZIP

GARAGE/LOT # _____

ACCOUNT # _____

CARD/PERMIT # _____

***PLEASE ATTACH A COPY (FRONT AND BACK) OF THE CREDIT CARD LISTED ABOVE.**
Revised 9/08mg