



Enterprise Parking Systems
MONTHLY RECURRING Credit Card Authorization Form

Fax this Completed form to (212) 643-7519

THIS CREDIT CARD IS A: VISA MASTERCARD AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE: _____

CARD SECURITY CODE (CV2) _____

CUSTOMER NAME (as it appears on the credit card): _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

Address

City

State

Zip

I authorize Enterprise Parking Systems to charge my credit card **monthly** for payment of services. If Enterprise Parking Systems is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify them otherwise in writing. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing Enterprise Parking Systems a written notice at least 30 days in advance of the cancellation date.

Applicants Signature

Date

Monthly Account Number: _____