

PARK KWIK LLC  
45 MAIN STREET  
SUITE 1200  
BROOKLYN, NY 11201



## Card Payment Authorization Form

Date of Event:			
Garage Location(s):			
Amount:			
Cardholder Name:			
Cardholder Address:	_____		
Card Type:	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card Number:			
Expiration Date:		CVV2:	

I hereby authorize **PARK KWIK LLC** to initiate a one-time debit to the card indicated above. I certify that I am an authorized user of this card and authorize payment for the reservation of parking accommodations and service with details outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>(Office)</b>	
Date Entered:	