



Recurring Credit Card Charge Authorization Form

YOUR CREDIT CARD WILL BE CHARGED MONTHLY

STARTING _____, 2010
CREDIT CARD TYPE: _____ circle one (VISA,
M/C, AMEX)
C/C ACCOUNT NUMBER: _____
EXPIRATION DATE: _____
CARD SECURITY CODE: _____
(CV2)

BILLING ADDRESS: _____

(Must be the exact billing address as it appears on Credit Card Statements)

I HEREBY AUTHORIZE PRIME PARKING SYSTEMS INC., ITS
SUBSIDIARY OR OPERATING COMPANIES TO MAKE
RECURRING CHARGES TO MY CREDIT CARD FOR MY
MONTHLY GARAGE BILL/BILLS. THIS AUTHORIZATION WILL
BE IN EFFECT UNTIL I NOTIFY PRIME PARKING SYSTEMS INC.
OR SUBSIDIARY IN WRITING AT LEAST 30 DAYS IN ADVANCE
OF THE CANCELLATION DATE.

CREDIT CARD HOLDER SIGNATURE

PRINT NAME (as it appears on card)

PHONE NUMBER

GARAGE AND SPOT NUMBER

PLEASE FAX COMPLETED FORM BACK TO PRIME PARKING SYSTEMS INC. AT (212) 327-2081.