



CONTRACTOR CREDIT CARD AUTHORIZATION FORM

Contractor Name: _____

Address: _____

Phone Number: _____

Email (for sending receipts): _____

Type of Card: _____ VISA _____ MC

Name on the Card: _____

Credit Card Number: _____

CVV: _____

Expiration Date: _____

Please indicate how you would like your payments to be processed:

One Time Payment (shred & dispose of securely after processing)

Keep securely on file & process with each permit

Keep securely on file & process on the last business day of each month for all permits issued that month.

By signing below, you authorize PARK ENTERPRISES LTD to charge your card the fees associated with your permit(s) as per the direction above.

Print: _____

Sign: _____

Date: _____