



CREDIT CARD AUTHORIZATION FORM

Applicant Name: _____

Address: _____

Phone Number: (____) _____

Email: _____

Type of Card:

Visa

MC

Name on the Card:

Account Number

Expiration Date

CVV Code

By signing below, you authorize PARK ENTERPRISES LTD. to charge your card for the fees associated with your permit(s). This card number will be kept securely on file for additional charges incurred during the life of your permit(s). Upon closure of your permit(s), this information will be shredded & securely disposed of.

Print:

Sign:

Date:

10-491 WT Hill Blvd S
Lethbridge, AB T1J 1Y6
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