



EIGHTH AVENUE PLACE

One time Credit Card Processing Form

Hines

Please provide the following information:

1. Credit Card Types (circle one): VISA MASTERCARD

2. Credit Card Number:

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2a. Card Verification Code: ___ ___ ___ (three digit code on back of credit card)

3. Card Holder Name _____

4. Address Line 1 _____

5. Address Line 2 _____

6. CITY _____

7. PROVINCE _____ Postal Code _____

8. EXPIRATION DATE: MONTH ___ ___ YEAR ___ ___ ___ ___

9. I _____ (print name), hereby authorize the management of the parkade at Eighth Avenue Place to automatically debit the amount of \$ _____ on a one-time basis with the debit to take place on or before the following date: _____.

(SIGNATURE)

(DATE)