



EIGHTH AVENUE PLACE



Credit Card Authorization PARKING VALIDATION TICKET PAYMENT

Please provide the following information:

1.

Ticket Value	Quantity	Subtotal
\$2.00 (Eve/Wknd)		
\$5.00		
\$10.00		
\$15.00		
\$20.00		
\$35.00 (Daily Max)		
TOTAL		

2. Credit Card Types*

VISA

MASTERCARD

*AMEX not accepted

3. Credit Card

Number:

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4. Name (as it appears on the credit card) _____

5. Address Line 1 _____

6. Address Line 2 _____

7. CITY _____

8. PROVINCE _____ Postal Code _____

9. EXPIRY: MONTH ____ YEAR ____ CSV: ____

10. 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)