



CREDIT CARD AUTHORIZATION FORM

Contractor Name: _____

Address: _____

Phone Number: (____) _____

Email: _____

Type of
Card:

Visa

MC

Name on the
Card:

Account
Number

Expiration Date

CVV Code

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

_____ One time payment (shred & dispose of securely after processing)

_____ Keep securely on file and 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 for the fees associated with your permit(s) as per the direction above.

Print: _____

Sign: _____

Date: _____

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