

Express Parking Credit Card Authorization Form

Please complete **ALL** fields. Save and email this completed authorization form to expresscorps@yahoo.com. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information
Card Type (Select One): <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):
Card Number:
Expiration Date (MMYY):
CVV Code (on back of card):
Cardholder Zip (Zip code of billing statement):

I, _____, authorize Express Parking to charge my credit card above for agreed upon & applicable charges. I understand that my information will be saved to file for future transactions on my account.

- I have read and agree to the Terms and Conditions available at: <https://expressparkinglv.com/terms-conditions/>
- I have read and agree to the Privacy Policy available at: <https://expressparkinglv.com/privacy-policy/>

Customer Signature

Date