



100 – 226 Osborne Street North
Winnipeg, MB.
R3C 1V4
Office 204 953-6800
Fax 204 953-6818
www.inlett.com

PRE-AUTHORIZED CREDIT CARD PAYMENT

I, _____,
(print name)

hereby authorize INLETT to charge the total amount of my monthly parking invoice on the 1st day of each month to the following credit card:

Visa _____ MasterCard _____ (check off card type)	<u>Card Holder Information</u> (print)
Card Number _____ (print card number)	Address _____
Card Expiry Date _____ (print expiry date)	City and Province _____
Card Holder Name _____ (print name)	Postal Code _____
Card Holder Signature _____ (sign name)	Phone Number _____
Date _____ (date signed above)	

Terms and conditions:

- A copy of your driver's license and credit card (front and back) indicated above must be sent together with this completed form for credit card payments to be processed.
- I hereby acknowledge that the parking fees charged to the above noted credit card are subject to change at the sole discretion of INLETT upon 30 days invoice notice to me.
- I hereby acknowledge that in the event the credit card expires and/or is reissued, I am responsible for submitting a new authorization form to INLETT.
- I hereby acknowledge that in the event a credit card transaction is declined due to card expiry or any other reason, that I will be subject to a \$20.00 administration fee and parking privileges maybe revoked immediately upon the sole discretion of INLETT.
- I hereby acknowledge that INLETT cannot guarantee the security of the credit card information and I hereby save harmless and release INLETT for any loss or damage I may suffer from any disclosure of the credit card information provided INLETT has taken reasonable measures to keep this information confidential.
- I hereby acknowledge that I have read, fully understand and agree to the terms of the Parking Agreement.

This authorization shall apply indefinitely unless revoked by either the card holder or INLETT in writing.

Signature

Date