

# MTP Parkings

## Authorization for Credit Card Use

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  Amex

Credit Card Number:

Expiration Date: \_\_\_\_\_

Card Identification Number:  (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

**Cardholder** – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

MTP INVESTMENT GROUP      Tel: (212) 575-5335  
20 West, 46th Street, s. 600      Fax: (212) 768-3919  
NY, New York 10036      [mtp@mtpinvest.com](mailto:mtp@mtpinvest.com)

