## **Keefe Co. Parking Credit Card Authorization**

Name:	Parking Contract ID#:	
Email:	Parking Location	
Billing Address:	City:	
State: Zip:		
Daytime Phone:	Cell Phone:	
Start Date for Automatic Payment:		
I hereby authorize Keefe Co. Parking parking charges incurred each month first and the fifth of each month.	_ :	
Credit Card		
Visa □ M/Card □ Discover □	☐ American Express ☐	
Expiration Date /	Last 3 Digits	on back of card
Card Number -		
Name as it appears on card		
It is the customer's responsibility to cancel the notification to Keefe Co. Parking of their terror Keefe Co. Parking is limited to a maximum	mination of parking. If the custome	er fails to do so, the liability
All rejected transactions carry a \$25.00 ad This agreement is subject to the Parking Agre	Iministrative fee.	ina
This agreement is subject to the Parking Agre	Comont (Lease) for Neete Co. Park	nng.
I ACCEPT AND AGREE TO THIS MONTH PARKING. I ACKNOWLEDGE THAT I HA CONDITIONS LISTED ABOVE, AS WELL	AVE READ AND AGREE TO TH	IE TERMS AND
SIGNATURE/ AUTHORIZATION:		DATE:
Please return to: Keefe Co. Parking, 145 East	t 7 <sup>th</sup> St, St. Paul, MN, 55101	

Phone: 651-291-1981 Fax: 651-665-0219