RAHWAY PARKING AUTHORITY
67 Lewis Street
Rahway, New Jersey 07065
Phone: (732) 381-8778 Fax: (732) 381-0096

Credit Card Authorization

Credit and Debit Cards

Name (please print): _____

Address: _____

City, State, Zip _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Please list Credit Card Number Below and Issuer of Visa or MasterCard
(Example — VISA: Chase 1234-5678-9101-1121):

Name (as shown on credit card): _____

VISA _____

MASTER CARD _____

Expiration Date: (Month/Year) _____ CVC Code: _____

I authorize the Rahway Parking Authority to automatically charge the above designated credit card account on a monthly basis for my monthly parking fee of **$** _____

Permit Number: _____

Check One: Mail X Pick up _____

Signature: _____ Date: _____