

Yearly Application for The Center Overnight Parking Permit



Please Print Legibly

Name: _____

Mailing Address: _____ Apt #: _____

City _____ State _____ Zip Code _____

Billing Address (If different than mailing) _____ Apt #: _____

City _____ State _____ Zip Code _____

Driver's License No. _____ Phone Number _____

Alt. Phone Number _____ Email: _____

Vehicle Make _____ Model: _____ Color: _____

Vehicle License: _____ State of Vehicle Registration: _____

Signature: _____ Date: _____

I am requesting to pay for the pass on a yearly basis. I authorize The Center of Long Beach to charge my credit card for a single payment of \$420.00 for one full year. There will be a .75 fee to charge. Total will be \$420.75.

MasterCard Visa OR Cash Money Order Cashiers Check

Cardholder name (print): _____

Credit Card #: _____ Exp. Date _____ verification code _____

Signature (required): _____ Date: _____

Client may also pay by cash, money order, or cashiers check

Office use only:

Payment Method: _____ Received by: _____ Received Date: _____