

Monthly 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 monthly basis. I authorize The Center of Long Beach to charge my credit card \$40.00 for a one time deposit, plus \$40.00 per month, on the first of each month, until a written notice is given, and pass is returned to The Center, or pass expires. There will be a .75 fee to charge each month. Total will be \$80.75 for the first month and \$40.00 per month thereafter.

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

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Office use only:

Payment Method: \_\_\_\_\_ Received by: \_\_\_\_\_ Received Date: \_\_\_\_\_