

City of Los Angeles Department of Recreation and Parks
PALISADES RECREATION CENTER

CREDIT CARD AUTHORIZATION FORM

For Office Use Only
Received By: _____
Inputted By: _____

Date: _____

Name: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Home Number: _____ **Cell Number:** _____

E-Mail: _____

Is the Address on the Card the Same as on the Registration Form: Yes No

If not, what is the address on the card? _____

I allow for the City of Los Angeles (Palisades Recreation Center) to charge my credit card for the amount of \$_____. I agree to pay the above total amount according to card issuer agreement.

Signature: _____



Credit Card Type: **Visa**____ **Master Card**____ **Amount:**_____

Credit Card Number:_____ **Expiration Date:**_____

Credit Card Holder: _____
(Please print name as it appears on the credit card)