



**Parking Authority  
Of Baltimore City  
Valet Permit Credit Card Charge  
Authorization Agreement**

**Please complete this form, print it  
and fax it to our secure fax  
number 410-244-1730.**

I, \_\_\_\_\_, the holder of  
Last Name First Name M.I.

credit card ending in \_\_\_\_\_ Hereby authorize PABC, to charge the amount of \$\_\_\_\_\_ representing fees associated with the Baltimore City's Valet Parking Program, and is valid for one-time use only. I have read this entire agreement and understand that I will be held fully responsible for its terms and charges and I agree not to chargeback PABC as long as I receive the services that are defined within the terms of the program.

\_\_\_\_\_  
Signature of Card Holder Date

Name on  
Credit Card \_\_\_\_\_  
Please Print

Billing Address  
Of Credit Card \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Time  
Telephone \_\_\_\_\_

Evening  
Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Valet Operator License Application  
Valet Parking Zone Permit Application  
Valet Special Event Permit Application**

**Valet Operator License Renewal Application  
Valet Parking Zone Permit Renewal Application**

Card Type      Visa      Master Card      American Express      Discover

Card Number      -      -      -

Expiration Date      /      Amount \$  
Month Year

**Please complete this form, print it and fax it to our secure fax number 410-244-1730.  
Parking Authority of Baltimore City, 200 W. Lombard Street, Suite B, Baltimore, MD 21201  
Main: 443-573-2800**