
Prospect Park Tennis Center
Credit Card
Authorization Form

Ways to return form:

Email: kwilliams@prospectpark.org
Drop off: 50 Parkside Avenue, Brooklyn, NY 11218
Fax to: (718) 972-2690
By mail: Prospect Park Alliance, Tennis Center
95 Prospect Park West, Brooklyn, NY 11215

Your Payment Information

Visa Master Card Discover American Express

Credit Card Number _____ Exp Date _____ Cv2 _____

Card Holder Name (print) _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Authorization

By signing below, I, _____ authorize Prospect Park Tennis Center
(print name of card holder as it appears on credit card)

to charge \$ _____ on _____
(amount) (date)

Signature as it appears on the card _____ Date _____