



Advanced Reservation Payment Form

Parking Permit for:

Reservation Code Number: _____
 Tailgater Name: _____
 Tailgater E-mail: _____
 Tailgater Cell #: _____

Payment Information:

Credit Card: Fax: (512) 481-1400 or E-mail: mail@hbaparking.com

Note: Payments made by credit card will incur an automatic \$5.00 processing fee.

Name on Card: _____
 Card Type: _____ Card Number: _____
 Expiration Date: _____ Card Security Code (3 digit number): _____
 Total Amount of Payment: \$ _____
 Billing Street Address: _____ Zip Code: _____
 Signature: _____

Check: Please make payable to: **HBA Parking System, Inc.** On the *For:* line write the Reservation Code Number.

Name: _____ Check #: _____

Mail Payment and Form To: HBA Parking System, Inc.
 807 Brazos Street, Suite 314
 Austin, Texas 78701

Cash: Must be paid in person. Please call (512) 478-6848 to make arrangements.

BY ACCEPTING THE PERMITS, YOU AGREE TO ABIDE BY THE TFC's TAILGATE POLICIES.

PAYMENT DEADLINE FOR RESERVATION SPACES: Friday, July 1, 2016

Official Use Only (Season 2016):

Date Received:		Lot Number:	
Total # of Spaces:		Space #:	