PARK 1

ADDRESS:_____

START DATE:_____ TAG #_____

MONTHLY PARKING APPLICATION

Applicant Information:

_____

Last Name Middle Initial First Name

Home Address:_____ Apt #_____ City:_____

State:_____ Zip Code:_____ Telephon _____

FILL OUT IF APPLICABLE

Company Name:_____ Address:_____

City:_____ State:___ Zip Code:_____ Telephone:_____

Automobile Information:

Car Make:_____ Car Model:_____ Year:____ Color:_____ Plate:_____

Monthly Terms:

1. Monthly payments must be recieved by the 5th of each month, if not, there will be a $10.00 charge.
2. If payment is not made by the 10th of each month, the customer will be asked to pay regular daily parking rates until payment is received.
3. Monthly parker must display a numbered tag on the rearview mirror of their car. Only this car wil be allowed to use the monthly space, unless a substitute is authorized by management.
4. Monthly parking rates are subject to change.
5. Parking facility is not responsible for any personal items left in the car.
6. Car may not be left overnight unless authorized by management or if monthly overnight rate was paid.
7. Parking attendent may park the car anywhere within the parking facility.
8. Refunds will not be allowed for any reason.
9. If monthly payment is past due by 30 days and the monthly car is being stored in the parking facility, there will be a $25.00 storage fee per day.

_____ _____ _____

Applicant Signature Manager Signature Date

OFFICE USE ONLY

( ) Monthly Rate:_____ ( ) O/N Rate:_____

Year	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2006												
2007												
2008												
2009												
2010												