

Application for Monthly Parking



Account Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Keycard User Name _____

E-mail address _____

Work Phone _____ Home Phone _____ Fax _____

Primary Vehicle License Plate # and State of Origin _____ Primary Vehicle Make, Model, Color _____

Account Number _____ Key Card Number _____ Reserved Space Number (if applicable) _____

Select Garage and Type of Account

<input type="checkbox"/> Port Lawrence Parking Facility	<input type="checkbox"/> \$77 Monthly Key Card	<input type="checkbox"/> \$91 Monthly Key Card with Reserved Space
		<input type="checkbox"/> \$118 Monthly Key Card with Premium Reserved Space
<input type="checkbox"/> Superior Parking Facility	<input type="checkbox"/> \$84 Monthly Key Card	<input type="checkbox"/> \$102 Monthly Key Card with Reserved Space
<input type="checkbox"/> Vistula Parking Facility	<input type="checkbox"/> \$77 Monthly Key Card	<input type="checkbox"/> \$102 Monthly Key Card with Reserved Space
		<input type="checkbox"/> \$118 Monthly Key Card with Premium Reserved Space
<input type="checkbox"/> Vistula Surface Lot		<input type="checkbox"/> \$91 Monthly Key Card with Reserved Space
<input type="checkbox"/> Refundable Key Card Deposit	\$15	

Method of Payment

Cash Check

Visa

MasterCard

American Express

ACH—Direct Debit*

Company Account**

Select Credit Card Payment Type

One-time Credit Card Charge \$1.50 administrative fee

Recurring Credit Card Charge \$1.50 /per month administrative fee

Total Amount Paid Today: \$ _____

Today's Charge Amount: \$ _____

Subsequent Charge Amount: \$ _____

If paying with credit card, I authorize ParkSmart to charge my credit card as described on this form.

-OFFICE USE ONLY-

Initial and date when items are complete:

KeyCard issued: _____

KeyCard issued (SCAN): _____

KeyCard issued (PARIS): _____

Auto-Pay started (PARIS): _____

Auto-Pay started (Skipjack): _____

Account opened: _____

Credit Card Number (to stop Auto-pay) _____ Expiration Date _____

Signature _____

* Additional form required

**To be added to a business account, we must receive written notice from the company's accounting department authorizing ParkSmart to bill your monthly parking charges directly to the company. Thank you.