

SJ Parking LLC
259 Alexander Street
Rochester, NY 14607
T: (585) 295-9500 | F: (585) 295-9505 | www.parkROC.com

Monthly Parking Application

Starting Date: _____ Monthly Rate: _____ Security Deposit: _____
Swipe Card #: _____ Year/Make/Model of Car: _____
License Plate #: _____
Customer Name: _____
Business Name: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: _____ Evening Phone #: _____
Email: _____

NOTICE: MONTHLY PAYMENTS ARE DUE BY THE 1ST OF THE MONTH. IF PAYMENT IS NOT RECEIVED BY THE 5TH BUSINESS DAY OF EACH MONTH, YOUR MONTHLY PRIVILEGES WILL BE REVOKED. PLEASE MAKE CHECK PAYABLE TO "SJ Parking LLC." TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE INCLUDE THE REMITTANCE STUBS OF THE INVOICE WITH PAYMENT AND RETAIN THE RECEIPT FOR YOUR RECORDS.

Contract Parking Agreement

Contract parking is on a calendar month to month basis and no pro-rates are available. In and out privileges are available at any time during business hours. No allowance is made in billing for time not used In consideration of the low rate charged for parking. The owner and operator are not responsible for any loss fire, theft, collision or any other cause to any vehicle or part thereof of the contents of any vehicle.

Cancellation Policy

To cancel your contract for monthly parking a 30 day written notice must be faxed, e-mailed or mailed to this office. If no written cancellation is received, you will remain responsible for paying your monthly balance. Telephone notification of cancellation will not be accepted.

I have read the attached copy of "Monthly Parking Policies & Procedures," and hereby agree to the terms and conditions thereof.

Customer Signature: _____ Date: _____

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For Office Use Only

Date Entered: _____

Amount Paid: _____

Cash/Check/MO: _____