



SPECTRUM PARKING CONTRACT SIGN-UP FORM

Lot/Deck requested: _____ Today's Date: _____

Personal Information:

Name: _____
Home Address: _____
City: _____ State _____ Zip _____ Phone _____

Work Information:

Employer: _____
Address: _____
Floor/Suite Number/Department (if applicable) _____ Phone _____

Car Information:

Make: _____ Model: _____
Color: _____ Year: _____ License Plate: _____

Method of Payment: (_____ rate per month)

- Automatic Draft – *your personal bank account will be drafted each month. Please fill out the Automated Debit Authorization form. CANCELLATION DEADLINE – 15th OF THE MONTH.*
- Company Paid
Company Name: _____
Company Phone: _____

(SPECIAL EVENTS PARKING NOT INCLUDED)

I have received a copy of the rules and regulations for the parking facility and agree to the rules and conditions. I understand that my bank account or payroll check will be drafted each month for the rate amount stated above, including any posted rate increases. I understand that I will be charged \$25 per occurrence for any insufficient funds on my account. I acknowledge that I have the right to terminate this contract by the 15th of any month.

Signature: _____ Date: _____

For Office use Only:

Check attached? _____ Application fee paid? _____
Card number: _____ Reserved space number: _____
Approval: _____