



APPLICATION FOR MONTHLY PARKING

FOR OFFICE USE ONLY

| |
|--------------------|
| GARAGE NAME |
| |

| |
|--------------------|
| GARAGE CODE |
| |

PURPOSE -CHECK ONE

- NEW ACCOUNT
 CHANGES TO ACCOUNT
 OTHER

TYPE OF ACCOUNT - CHECK ONE

- BUILDING RESIDENT
 24 HOUR PARKER
 DAY PARKER
 NIGHT PARKER
 HOSPITAL STAFF
 PARK and LOCK

| | | | |
|-----------------------|--|--|--|
| ACCOUNT NUMBER | | | |
| | | | |

CUSTOMER TO COMPLETE THIS SECTION

| FIRST NAME | INIT | LAST NAME |
|------------|------|-----------|
| | | |

WOULD YOU LIKE TO HAVE YOUR BILL EMAILED? YES NO

| | |
|-----------------------|--|
| EMAIL ADDRESS: | |
|-----------------------|--|

| BILLING ADDRESS | | |
|-----------------|----------|--------------------|
| | | |
| CITY & STATE | ZIP CODE | TELEPHONE (S) |
| | | Home: Cell: |

AUTHORIZED DRIVERS

| # | NAME | SIGNATURE |
|----|------|-----------|
| #1 | | |
| #2 | | |
| #3 | | |

CAR INFORMATION

| # | PLATE # | STATE | YEAR | MAKE | MODEL | COLOR |
|---|---------|-------|------|------|-------|-------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Contact: Claudia Taborga
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GARAGE STAMP

ATTENTION: Please read rules and regulations on reverse side

Signature

Date

FOR GARAGE USE ONLY

| | | | | |
|-----------------------------------|---------------------------------------|-------------------------|-------------------------------------|-------------------------|
| (A) NET RATE (Excludes tax) | (B) ADD. NET FEE (Tax Included) | (C) LOW TAX HI TAX | (A) + (B) + (C) TOTAL GROSS RATE | START DATE |
| (1) 1st MONTH PRORATA | + | (2) MONTHL STORAGE | = | (1) + (2) TOTAL ADVANCE |
| | | | | DATE PAID |

OTHER

- FREE PARKER
 MOTORCYCLE
 OVERSIZE VEHICLE
