Location Name: Mortimer Garage Monthly Rate \$		er: <u>298</u> Garage / S	urface Lot (o	ircle one) Start Date _		
		Allpro Parkir 25 N. Clinton AVE Office: (585) 454-721 www.allpropar	. 14604-1317 3FAX: (585) 4			
	MC	ONTHLY PERMIT PAR	KING AGRE	EMENT		
Last Name:		First Nan	ne:			
Home Address			City:		State:	Zip:
Place of Employment:				Daytime	e Phone:	
E-mail Address						
	Make	Model	Year	License Plate	Color	-
1 st Vehicle						
2 nd Vehicle]
PAYMENT PREFERENCE	(select one)	Daid by		Company		
Check, Money Order Credit Card (MC, VISA)		One time only		urring		
Auto pay service/ACH				urring Il checking or savings		
	Mutomat	ic recurring draft in	om persona	ir checking or savings	•	
***For credit card and/or auto pay se	rvice, please fill o	ut the attached form.				
MONTHLY PERMIT PARK	ING AGREE	MENT:				
 Payment is due by the 1st bus made in full. Allpro Parking herein. Forms of payment accepted: returned check will be assess returned checks have been renumber, etc. as soon as possi. Each monthly patron will be additional \$10. If the month operator's discretion. Monthly Rochester, NY 14604 at least cancellation by telephone will be subject to change, and customers of rate changes. Parking is permitted only in the at your assigned rate, you will ranother person is also prohibit. Monthly permits are only valid facility, or if any misuse is determined to the parking patrons must park with parked cars. Violators will be subject to change is determined to the person of the licent collision or any other cause to warning. 	IN-STATE CHEC sed a \$35.00 RETU eceived from any cuble. Please make consumer saved a mirror handly permit is used in permits are non-traparking agreement ten (10) business don't be accepted. Allued on a calendar mind such change shallow to another vehicle in the location of this don't be accepted a violation to another vehicle in the location for the location f	K, MONEY ORDER, AUTRINED CHECK FEE. All stomer. To insure prope hecks payable to Allpro Pag tag (monthly tag) each inproperly, your account winsferable. must be submitted in writags prior to effective caler pro Parking, LLC does not onth basis. NO REFUND all be posted in full view at notice. Repeated occurring prohibited unless that we policy will result in loss of which they are designated by the yellow I be. Repeated occurrences king space and Allpro Parlehicle or its contents.	nonthly agreen TO PAY SERV Ilpro Parking re er credit of pay arking, LLC. month. If mon vill be flagged. iting, by mail, ndar month or t issue refunds PS, IN WHOLE at the location ed unless you rences will resu vehicle is listed monthly parkin ed. If a permit ned invalid. Lo ines. Vehicles will result in lo king is not resp	nent at any time if custome in the property of	r is in breach of to OR VISA. (No acceptance of chice of any change new monthly tag be revoked for it.) Allpro Parking, Lall applicable paym SSUED AT ANY g is not obligated ace. If you park in privileges. The privileges of the vehicle at a chout refund, may entrances, exits, age to the vehicle.	terms and conditions cash accepted) Any hecks if two or more es of address, phone will be issued for an improper use, at the LC, 83 Mortimer St., hents. Notification of TIME. Parking rates to individually notify an an area not allowed f a monthly permit to a time to the parking result. fire lanes and other caused by fire, theft,
TRUNK OR OTHER LOCKED ST	TORAGE AREA	OF THE VEHICLE.				
ATTACHED HERETO.						

CUSTOMER SIGNATURE_____

DATE _____ OFFICE COPY

Allpro Parking, LLC 45 Exchange Blvd., Ste. 700, Rochester, NY 14614

Phone: (585) 263-1800 Fax: (585) 263-3588 www.allproparking.com

CUSTOMER COPY - MONTHLY PARKING TERMS and CONDITIONS

The following terms and conditions form a part of the monthly parking agreement with Allpro Parking, LLC and are subject to change without notice.

- 1 Payment is due by the 1st business day of the month. Any outstanding accounts on the 3rd business day of the month may be locked out until payment is made in full. Allpro Parking reserves the right to suspend or cancel the monthly agreement at any time if customer is in breach of terms and conditions herein.
- Forms of payment accepted: IN-STATE CHECK, MONEY ORDER, AUTO PAY SERVICE, and MASTERCARD OR VISA. (No cash accepted) Any returned check will be assessed a \$35.00 RETURNED CHECK FEE. Allpro Parking reserves the right to decline acceptance of checks if two or more returned checks have been received from any customer. To insure proper credit of payment, please notify this office of any changes of address, phone number, etc. as soon as possible. Please make checks payable to Allpro Parking, LLC.
- Each monthly patron will be issued a numbered mirror hang tag (monthly tag) each month. If the monthly tag is used improperly, your account will be flagged. Your monthly tag may be revoked for improper use, at the operator's discretion. Monthly tags are non- transferable.
- 4 Cancellation of your monthly parking agreement must be submitted in writing, by mail, e-mail, or fax, and sent to Allpro Parking, LLC, 83 Mortimer St., Rochester, NY 14604 at least ten (10) business days prior to effective calendar month or you will be responsible for all applicable payments. Notification of cancellation by telephone will not be accepted. Allpro Parking, LLC does not issue refunds if cancellation takes place during the effective month.
- Monthly Parking Tags are issued on a calendar month basis. **NO REFUNDS, IN WHOLE OR IN PART, SHALL BE ISSUED AT ANY TIME.** Parking rates may be subject to change, and such change shall be posted in full view at the location 30-days prior. Allpro Parking is not obligated to individually notify customers of rate change.
- 6 Parking is permitted only in those spaces that are NOT designated as reserved unless you have paid for a reserved space. If you park in an area not allowed at your assigned rate, you will be issued a violation notice. Repeated occurrences will result in loss of monthly parking privileges.
- 7 Transfer of a monthly tag to another vehicle is prohibited unless that vehicle is listed on our records as an alternate. Transfer of a monthly tag to another person is also prohibited. Violation of this policy will result in loss of monthly parking privileges.
- 8 Monthly tags are only valid for the location for which they are designated. If a tag is used to admit more than one vehicle at a time to the parking facility, or if any misuse is determined, that tag will automatically be deemed invalid and loss of parking privileges will result without refund.
- Parking patrons must park within one space as designated by the yellow lines. Vehicles are not permitted to block entrances, exits, fire lanes and other parked vehicles. Violators will be issued a violation notice. Repeated occurrences will result in loss of monthly parking privileges.
- 10 This Agreement is for the licensed use of one parking space. Allpro Parking is not responsible for any loss or damage to the vehicle caused by fire, theft, collision or any other cause to or damage to the vehicle or its contents.

WARNING: VEHICLES SHOULD BE LOCKED, WHEN APPLICABLE, AND THE CONTENTS THEREOF SECURED IN THE TRUNK OR OTHER LOCKED STORAGE AREA OF THE VEHICLE.

ELECTRONIC PAYMENT OPTIONS

	NAME (of parking permit holder):				
	To process Credit Cards or Auto Pay Service we n statement or check:	eed the name and	address exactly as it	appears on your credit card	
	NAME (as it appears on card/account):				
	ADDRESS (as it appears on statement)				
		No. Street		Apt. No.	
		City	State	Zip	
	DAYTIME PHONE:	EMAIL /	ADDRESS:		-
	AUTHORIZED AMOUNT: \$St.	LOT #: 298A 0r	Lot # 298B (circle)	LOT NAME: Mortimer	
	Select One:				
	○ Recurring charges to be process	sed the first busin	ess day of every m	onth	
	O One time charge only (For)		
of cancellation	ts due. This authorization will remain in force on from the other party, or until satisfaction in f		gations under the		
Signature			Date		
PLEASE SI	ELECT ONE PAYMENT OPTION: Credit Card **(If you are submitting your ba (Please print CLEARLY or ty	ınk credit/debit (/pe)	card information,	please submit ACH info	rmation below)
	Please circle one: MasterCard	Visa			
	CARD NUMBER:				
	EXPIRATION DATE:				
	Auto Pay Service (Direct Debit Authorization (Please print CLEARLY or type				
	Account Type: ☐ Checking ☐ Savings				
	NAME OF FINANCIAL INSTITUTION:				

-		noring the check number, print the numbers below and your account number) OR just attach a voided chec	:k
策:	:#		