



210 North Wells Self Park Monthly Parking Application



Office Use Only Monthly Parking Rate: \$ _____ Start/Cancel Date: _____ Access Card No.: _____ Employee Initial: _____

DRIVER INFORMATION

Last Name		First Name		Company, Suite #	
Street Address (if no company enter home address)			Apt or Box #	City	State
Business Phone		Evening Telephone		E-Mail Address	
Zip Code					

VEHICLE INFORMATION

State/ License Plate #	Color
Year/ Make	Model

How did you hear about us? Colleague/Friend Drive By Live Nearby Work Nearby Other _____

RULES AND REGULATIONS

I understand that I must pay a \$40.00 one-time application processing fee to activate the monthly parking transponder. As a transponder holder, I will be charged an additional \$40.00 fee for any lost or stolen transponders.

I understand that if I pay by check, and it is returned by the bank for any reason, I must pay a \$40.00 returned check fee.

This agreement is a personal license to the holder of a transponder holder enabling you to park your vehicle at your own risk.

Only a license is granted hereby. No bailment is created with respect to any vehicle, including its contents, on the premises of the parking facilities at this location 210 North Wells Self Park.

Ownership, LAZ Parking, and their employees are not responsible for any loss or damage by fire, theft collision or any other cause to any vehicle or part thereof. Additionally, the company is not responsible for any item or contents left inside of the vehicle. LAZ Parking encourages parkers to remove items of value from their vehicle.

I further understand that I must use my transponder to enter and exit the parking facility at all times.

If I don't have my transponder, I will be required to pull a ticket to enter the garage and will be responsible for paying for the parking ticket at the normal parking rates upon exiting the facility. If I, as a monthly parker, attempt to exit the parking facility without my transponder or a paid daily ticket, I will be required to pay the posted "Lost Ticket Fee" to exit the parking facility.

I understand that no refunds or credits will be issued for payments resulting from the above circumstances listed. I can cancel at the end of any given month by giving at least 30 days advance written notice to LAZ Parking, 210 North Wells St, Chicago, Illinois 60606.

Garage Employees are not authorized to waive this or any other rules, regulations or operating procedure of the parking facility.

I have received and read the *Rules and Regulations* for the 210 North Wells Parking Facility. I understand that the *Rules and Regulations* apply to all parkers and I acknowledge and understand my requirements and privileges as a monthly parker.

Signature: _____ **Date:** _____

METHOD OF INVOICING AND PAYMENT

INVOICE DELIVERY

Please indicate your preferred method of invoice delivery. Please note that invoices will NOT be sent by regular post.

_____ Email Monthly Invoice (*invoice will be emailed to address given above*) _____ No Monthly Invoice Needed

AUTOMATIC PAYMENT BY CREDIT CARD

CREDIT CARD ON FILE: Visa MasterCard Discover AmEx NAME ON CREDIT CARD: _____

I am the card holder listed and authorize LAZ Parking Chicago, LLC to charge the MONTHLY parking rate to my credit card on the 1st business day of each month. LAZ Parking reserves the right to terminate or refuse parking to any individual for any reason it deems appropriate. I have read the Rules and Regulations for the parking facility and understand and agree to its contents.

Card Holder Signature: _____ **Date:** _____

**Please complete this application and return it to the Garage Office on Level 2 or fax to 312-263-1567
For directions or additional information, call 312-263-1535 or visit www.210nwells.com**