

ABM PARKING SERVICES

211B ELM ST - ROCKFORD, IL 61101 - PHONE (815) 968-5294 FAX (815) 968-5543

MONTHLY PARKING AGREEMENT

| Driver's Name | | Vehicle # 1 Make | Vehicle # 1 Model |
|---|------------------------------|--|--|
| | | | |
| Company Name | | Vehicle # 1 Plate # | Vehicle # 1 State |
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| | | | |
| Billing Address | | Vehicle # 1 Color | Vehicle # 1 Year |
| | | | |
| | | | |
| | | Vehicle # 2 Make | Vehicle # 2 Model |
| | | | |
| Work Phone Number | | Vehicle # 2 Plate # | Vehicle # 2 State |
| | | | |
| Alternate Phone Number | | Vehicle # 2 Color | Vehicle # 2 Year |
| | | 73.113.13 # 2 33.13.1 | 10.11010 # 2 10di |
| | | | |
| Email | | | |
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| In consideration of parking spa | ce furnished me, I a | gree as follows: | |
| 3 4 | ., | • | |
| (Initial) 1. To pay ABM Parking | g Services \$ each | calendar month, in advance and by t | the 1st of each month. Payment |
| shall be mailed to 211B Elm St., Rockford IL 61101 or setup online through the ABM Payment website | | | |
| https://payments.abm.com. All such payments to be made by money order or check to insure a valid receipt. All payments | | | |
| received after the 5th of the month are subject to a _\$12 late fee. If not paid by the 5th business day of the month, parking | | | |
| privileges are subject to cancellation a | and Key Cards being de | activated. | |
| | | | |
| (Initial) 2. To pay and leave a deposit the sum of \$0 for each PERMIT / KEYCARD issued. A non-refundable deposit | | | |
| of \$0 per electronic parking pass, is due and payable at the time this agreement is signed. Replacement cost for lost or stolen PERMIT is \$10.00 / KEYCARD is \$25.00. | | | |
| PERMIT IS \$10.00 / RETCARD IS \$20 | 3.00. | | |
| (Initial) 3. Monthly permits must be VISIBLY DISPLAYED on vehicle at all times when using the facility. Cars entering | | | |
| without current, visible monthly permit are subject to the maximum daily rate. Use of hang-tag, keycards or other access device by | | | |
| other than the designated user may re | esult in cancellation of m | nonthly parking privileges. | |
| (Initial) / This agreement sha | all continue from month | to month hereafter, unless and until to | erminations by either party by |
| providing 30 days written notice in | | - | |
| | | | |
| ABM Parking Services at its sole discretion without notice may change the monthly parking rate referred to in paragraph 1. There shall be no credit for vacation, partial months, or other missed time. Monthly parking permits and Key Cards are not transferable, | | | |
| Violators Parking Privileges will be terminated immediately. | | | |
| (Initial) 5. ABM Parking Services and their interests shall not be liable for damages to or destruction of the vehicle by reason | | | |
| of theft, fire, collision, or any other cause. All damage to vehicle must be reported to ABM Parking Services manager or supervisor | | | |
| and an incident report completed before leaving parking facility or said claim is waived. Inspect your vehicle before leaving the parking | | | |
| facility. | 01 0 7 | , , | 3 1 3 |
| | s is not responsible for ite | ems left in the vehicle; nor are employe | es authorized to accept responsibility |
| for, or to store any items for you. ABM I | Parking Services is not re | sponsible for wire wheel covers, cellula | r phones, CB radios, antennas or |
| stereos, GPS devices, nor is it responsi | | | |
| provided to you at no cost such as batte | | | held liable for damage to vehicle |
| parked or retrieved by anyone other tha | n ABM Parking Services | employees. | |
| (Initial) 7. All returned checks (1 | for whatever reason) are | subject to a \$25 carries charge | |
| (IIIIIai) 7. All returned checks (I | ioi wiialevei ieasoii) ale | subject to a \$25 service charge. | |
| 8. Violations of the operating procedures for monthly parking may result in immediate termination of | | | |
| parking privileges. The policy and Procedures are subject to change. | | | |
| ranking privileges. The policy and | Joodan oo ano babje | or to origingo. | |
| | | | |
| Signature of Responsible | Party | Date Completed | Start Date |
| <u> </u> | • | | |
| OFFICE LICE ONLY | | | |
| | <u>OFFI</u> | CE USE ONLY | |
| CUSTOMER # PARKI | ER # INVO | ICE # LOT # | TOTAL PAID |