

Parking Agreement

NAME: _____ COMPANY: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE (H): _____ PHONE (W): _____
 PARKING REQUESTED FOR (PLEASE CHECK ONE): 24/7: _____ EVENINGS ONLY: _____
FOR WELLS FARGO EMPLOYEES: DEPT: _____ **A/U:** _____ **MAC:** _____

VEHICLE ONE

VEHICLE TWO

YEAR: _____ YEAR: _____
 MAKE/MODEL: _____ MAKE/MODEL: _____
 COLOR: _____ COLOR: _____
 LICENSE: _____ LICENSE: _____

You must park on either Level B or Level C. Each vehicle must have a Wells Fargo Center parking permit sticker on display at all times. THE USE OF A PARKING PERMIT STICKER IS TO IDENTIFY YOUR VEHICLE AS AN AUTHORIZED VEHICLE FOR THIS GARAGE. VEHICLES NOT HAVING A PARKING PERMIT STICKER ARE SUBJECT TO LOSS OF PARKING PRIVILEGES AND TOWING.

I will promptly notify Wells Fargo Center Garage of any change in vehicle information and obtain a new parking permit sticker if needed.
 This monthly parking contract is cancelable with or without cause upon thirty- (30) days' written notice by either party.
 I will comply with all parking rules and regulations established by Wells Fargo Center.

The use of Wells Fargo Center Parking Garage is at your own risk, and Owner and/or its agents are not responsible for property damage or theft occurring in or about the parking facility.

This agreement may not be transferred or assigned.

Payment for monthly parking is due in advance on or before the first of each month. We do not send monthly invoices. A **\$25 late fee** will be assessed for any balance not received by the end of the business day on the fifth of each month. In addition, the parking pass will be deactivated and parking privileges will be denied until payment, including assessed late fee, has been received. No credit will be given for monthly charges for time that a parking pass was deactivated for non-payment. No credit is given for periods of absence.

Please acknowledge your understanding and agreement with the terms listed above by signing in the space provided below.

Signature _____ Date _____

Effective Date: _____	Card #: _____	Monthly Account to be paid by: _____
Prorated: _____	How Paid: _____	
Entered in Utilization Sheet: _____		
Monthly Change Report	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Monthly Parking Database	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Input By: _____ Input Date: _____

White – WFCMO Copy Canary - Applicant Copy Pink - Accounting Copy Goldenrod – Garage Copy