

Philadelphia Parking Authority				
Monthly Parking Application				
Monthly Parking		Parking Garage: Ruth and Clearfield		
Customer Information FUTURE COMMUNICATION WILL BE SENT BY MAIL AND EMAIL. PLEASE BE SURE TO PRINT LEGIBLY.	Customer Name			
	Attention			
	Address			
	Apt Number			
	City/State/Zip			
	Day Phone			
	Alternate Phone			
	Email Address			
	Email Address cont.			
	Business Address			
	City/State/Zip			
	Work Phone			
	Vehicle	State/License Plate:	Color:	
Make:		Model:		
Invoicing	Would you like an invoice mailed every month:	_____ Yes	_____ No	
	Would you like an invoice emailed each month:	_____ Yes	_____ No	
Additional Information	Monthly Parking Card will be used by:			
	Is there anything else we should know about your account:			
Correspondence	All Inquiries, Payments , and other correspondence regarding your monthly parking account should be directed to:	Philadelphia Parking Authority Attn: Monthly Parking 701 Market Street, Suite 5400 Philadelphia, PA 19106 Phone: (215) 683-9687/9688 Fax: (215) 683-9492 Email: ppamonthlyparking@philapark.org		
Terms and Conditions	Please read and acknowledge the conditions of the monthly parking contract as printed on the reverse side of the form			
	Customer Number:			
	Card Number:			
	Did Customer Sign Up For Ach:	_____ Yes _____ No		
	If Yes (select the attached form and indicate here):	Check or Credit Card		
	Comments:			

TERMS AND CONDITIONS FOR MONTHLY PARKING

1. The monthly parking badge entitles the badge holder to access privileges at the parking facility identified on the application. The card does not entitle the holder to reserved parking in a specific parking space unless they are paying for a reserved space.
2. The monthly badge holders are only allowed to park one car at a time. The badge must be used for every entry and every exit. In the event you do not have your pass, the badge user will have to complete an exception card and present a valid photo id. Any other use, constitutes a violation of the terms of this agreement and may be cause for revocation of the monthly parking privileges.
3. Unless arrangements are made with the Authority, payments for monthly parking are due no later than the 1st of each month. A late charge of \$25.00 will be assessed if payment is not received by the 5th of the month for which payment is due. Parking privileges will be suspended or terminated if payment is not received by the specific date and legal action will be taken to obtain the monies due.
4. Available payment options include Automatic Debit, Credit Card, Checks, or Money Orders. Acceptable forms of payment at the garages are Checks, Money Orders, and Credit Cards. Payments that are mailed must be made by check or money order, made payable to the Philadelphia Parking Authority and must be sent to:

**The Philadelphia Parking Authority
Monthly Parking Department
701 Market Street-
Suite 5400
Philadelphia, PA 19106**

5. There is a \$25.00 charge for replacement of a lost monthly parking badge or hang tag.
6. The monthly badge holder is to park one motor vehicle at the holder's risk. Charges are for the use of parking space only. Only a license granted hereby and no bailment is created. We assume NO liability for loss due to fire, collision, vandalism, theft, or otherwise to the car or its contents. When car is parked by attendant leave ignition key only.
7. The Philadelphia Parking Authority reserves the right to terminate the parking privileges of any patron who is abusive, discourteous, profane, or threatening to any other parking patron or to any employee of the Philadelphia Parking Authority.
8. Any person who engages in any activity to circumvent the receipt of appropriate parking fees due to the Philadelphia Parking Authority will be permanently terminated from the monthly badge program, will be held responsible for any uncollected fees, and may be liable for prosecution under criminal law.

I hereby agree to accept and abide by all the terms and conditions for monthly card as outlined above.

Signature _____

Date _____

Retain a copy of both sides of this form for your records, and return the original to Philadelphia Parking Authority.

PPA Monthly Parking Automatic Debit Program (ACH)

Start Date _____ Location: Ruth and Clearfield _____

COMPANY NAME Philadelphia Parking Authority CUSTOMER ID: _____

I (we) hereby authorize _____ ,
hereinafter called Company, to initiate debit entries and to initiate, if necessary,
credit entries and adjustments for any debit entries in error to my (our) _____
Checking _____ Savings account (select one) indicated below and the depository
named below, hereinafter called DEPOSITORY, to debit and/or credit the same to
such account in amount of your month parking rate.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received
written notification from me (or either of us) of its termination in such time and in
such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to
act on it.

Name(s) _____ Badge No. _____

Date _____ Signed X _____

Signed X _____

*****PLEASE ATTACH A VOIDED CHECK*****