



Monthly Parking Agreement

2131 K Street NW, Suite 200 Washington, DC 20037
Office (202) 466-5050 Toll Free (800) 217-0928 Fax (202) 466-7194

* Required Field

*Name: _____ Company: _____
*Mailing Address: _____
*Phone #: _____ Work #: _____ *Email: _____
*Make/ Model of Car(s): _____ *License Plate#: _____
*Requested Parking Garage/Lot: _____ *Start Date: _____

Terms & Conditions

1. Customer shall properly park and lock (if applicable) the car and retain the keys personally, it being understood and agreed that the management shall not be liable for damage to or loss of the car while parked in the garage/lot.
2. Valid monthly permit must be fully visible while entering and parked at assigned location. Vehicles not properly identified are subject to be ticketed/towed or booted at vehicle owner's risk and expense.
3. It is understood and agreed that if a customer parks in other than his/her assigned space (if applicable), the expense of towing and relocating the car will be borne by the customer.
4. **MONTHLY RATE IS DUE AND PAYABLE IN ADVANCE ON OR BEFORE THE FIRST DAY OF THE MONTH.** No notice will be sent. No deductions or allowances from monthly rate will be made for days customer does not use parking facilities.
5. Accounts not paid on or before the first day of the month shall be refused access to the garage/lot. An additional late fee of \$5 shall be paid by the customer to re-instate account.
6. The customer covenants that he/she will not leave articles of personal property of any value in the automobile, and specifically agrees to save the management harmless for any damage resulting from the loss or damage to the automobile or the said articles of personal property left in the automobile in violation of this covenant.
7. Any claim for damage to the car must be made by the customer prior to leaving the parking facility.
8. **This agreement may be terminated by notice in writing 10 days prior to the termination of any monthly rental period, provided further that IN THE EVENT OF BREACH OF ANY OF THE ABOVE CONDITIONS, THIS AGREEMENT MAY BE TERMINATED BY THE MANAGEMENT WITHOUT NOTICE TO THE CUSTOMER.**
Waiver of a breach of any condition shall not be construed as a waiver of the condition or any subsequent breach thereof.

I have read the above terms and conditions and understand and agree to abide thereby.

*Signature: _____ *Print Name: _____ *Date: _____

*Method of Payment (Please check one) Check ___ Credit/Debit Card ___ Checking/ ACH Debit ___ Cash ___

For checking/ ACH debit, please attach voided check, and indicate the following: Recurring? Yes / No
Routing/ Transit # _____ Account # _____

For credit/debit card check one: VISA ___ Mastercard ___ American Express ___ Discover ___ Recurring? Yes / No
Account # _____ Expiration Date: ___ / ___

For credit/debit card or checking/ ACH debit option, please read and sign the following:

I authorize Atlantic Services Group (ASG) to charge the credit card or checking account I have indicated above, and I direct my credit card company or banking institution to pay ASG for my monthly parking charges with ASG. To cancel the automatic billing to the above account requires 30 days prior written notice to ASG's main office listed above.

Signature: _____ Date: _____

For Office Use Only:

Location _____ Acct# _____ Issue Date _____ Keycard # _____