



THE BANK DOWNTOWN PARKADE

OFFICE - 8 WEST MARKET STREET, SUITE 300, WILKES-BARRE PA 18701

PAYMENTS ARE TO BE MADE TO THE SHINE CORPORATION

APPLICANT

FIRST NAME LAST NAME CELL NUMBER

ADDRESS

CITY STATE ZIP

EMAIL EMPLOYER/PERSONAL

BILLING INFORMATION

SAME AS ABOVE

BILL EMPLOYER

CONTACT NAME CONTACT NUMBER EMAIL

ADDRESS

CITY STATE ZIP

NOTES

PLEASE COMPLETE

CAR MAKE		UPPER LEVEL PARKING	\$70	<input type="checkbox"/>	PASS #
CAR MODEL		FULL ACCESS	\$75	<input type="checkbox"/>	
STATE		ACTIVATION FEE	\$10	<input type="checkbox"/>	ACTIVE DATE
LICENSE PLATE		REPLACEMENT CARD	\$30	<input type="checkbox"/>	<input type="checkbox"/> YES
		INSUFFICIENT FUNDS	\$30	<input type="checkbox"/>	<input type="checkbox"/> NO
					DE-ACTIVED DATE/RETURN

THIS PARKING PASS LICENSES THE HOLDER TO PARK ONE VEHICLE IN THE PARKADE AT THE HOLDER'S RISK. PLEASE LOCK YOUR VEHICLE, AS THE LICENSOR HEREBY DECLARES IT IS NOT RESPONSIBLE FOR FIRE, THEFT, DAMAGES OR LOSS OF SUCH VEHICLE OR ANY ARTICLE LEFT THEREIN.

THIS IS TO CERTIFY THAT PASS # _____ HAS BEEN ISSUED TO THE ABOVE-NAMED APPLICANT AGREES TO A ONE TIME \$10 ACTIVATION FEE AND MONTHLY CHARGES. IF THE CARD IS LOST OR STOLEN A NEW CARD WILL BE REQUIRED AT THE LISTED FEES. APPLICANT MUST RETURN THE KEY CARD TO END THE AGREEMENT OR MONTHLY BILLING WILL CONTINUE.

I HEREBY CONFIRM THE VERACITY AND COMPLETENESS OF MY RESPONSES, ACKNOWLEDGING THAT PROVIDING INCORRECT INFORMATION MAY RESULT IN THE TERMINATION OF AGREEMENT.

DATE

SIGNATURE