



R.C.B Parking
407 Desautels
Winnipeg Manitoba
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Ph: (204) 771-7747
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Monthly Parking Agreement

Acceptance of conditions of parking:

Charges are for the use of parking space only. Parking fees are subject to change. R.C.B Parking. assumes no responsibility for damage to vehicles or contents however caused.

Permit/access cards that are issued to the customer are solely their responsibility. Permits must be visibly displayed to be valid. Loss of permit/access card is to be reported and is subject to replacement fees. Any attempts of misuse of a permit or access card will result in the cancellation of the account.

At applicable locations, a refundable access card deposit is required. A non-refundable charge is applied to lost cards requiring replacement. Failure to return the permit/access card upon termination of monthly parking contract will result in the loss of the deposit.

R.C.B Parking Ltd. reserves the right to terminate parking privileges at any time or upon 30 days prior notice. **The applicant must supply 30 days written notice when cancelling parking.** If the customer is in breach of the terms and conditions of the monthly parking agreement, R.C.B Parking . may terminate the agreement without notice.

The monthly payment shall be received by the 1st day of each month. If the payment is not received by the 5th business day of the month, the parking privileges will be revoked. The responsibility of payment remains with the parker while in possession of the access card or while receiving parking privileges. **Parking charges are not prorated.** Monthly customers are required to abide by all general rules and regulations of the parking facility as posted.

Sign Here _____

Account Information:

Applicants Name: _____ Date: _____

Licence Plate Information:

Primary Plate: _____ Secondary Plate: _____

Home Address:

Street: _____ City: _____ Postal Code: _____

Email: _____ Phone: _____

Credit Card Information :

Lot Location: _ included _____ amex Visa MasterCard,

Rate per Stall: \$_ _____ per month GST included Name on Card: _____

Card Number: _____ Expiry _____