

Monthly Parking – Registration Form

This Form identifies that the following individual has been invoiced from MEDO for the Monthly Parking Fees as indicated below:						
Invoice Date:				Transaction No:		
Name of Emp	oloyee:					
Address:		City:	Prov:	Postal	Code:	
Phone # () Email:					
Company / Organization / Department:						
MEDO Affinity	/ Card #					
Parking Pass #			License Plate #			
Vehicle Make	& Model:					
□ Lot A □ Lot B A			Assigned Parking Stall #			
Monthly Parki	ng Details:					
Date:	No. Of Months / Indef	inite Rental	Cost Pe	er Month	GST (5%)	
				Total Sales		
Payment Met	nod:					
☐ Cash ☐ Debit ☐ Automatic Monthly Debit Withdraw (void cheque required)						
☐ Visa	☐ American Express					
Credit Card # Expiry Date:						
Employee Signature: Processed By:						
Employee dignature.			Toobssed by.			
indicated in the "	By signing this document you Monthly Parking Details" section for monthly parking. Your registrates are properly the registrates	on of this docum	nent. Your credit of	card or debit card	will be charged on the	

andicated in the "Monthly Parking Details" section of this document. Your credit card or debit card will be charged on the date you register for monthly parking. Your registration will be automatically renewed and billed to your credit card or debit card on the 1st of each month until the registration is terminated. You may cancel your registration at any time by following MEDO's Termination policy outlined in the MEDO Parking Policy document. You have read and agree to the terms outlined in the "MEDO Parking Policy" document.