



# THE BANK DOWNTOWN PARKADE

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

THE BANK

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"/>		
LICENSE PLATE		REPLACEMENT CARD	\$30	<input type="checkbox"/>	ACTIVE DATE	
		INSUFFICIENT FUNDS	\$30	<input type="checkbox"/>	<input type="checkbox"/> YES	<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