



2200 W North Temple  
SLC, UT 84116  
801-596-7275  
801-596-7276 (Fax)

## Corporate Parking Program Payment Authorization Form

**Park n' Jet offers business travelers considerable cost savings and benefits. To simplify expense reporting, we provide month-end reports to your company summarizing all parking costs incurred by employee. Please complete this form to enroll your company in our program. Once your company is approved, we will issue the requested number of parking cards. Please present your card upon entry and exit. Alternatively, your employees may download the Park n' Jet Mobile App which will serve as an electronic corporate card.**

**Park n' Jet reserves the right to cancel this program at anytime and to approve or disapprove any Company or applicant at its discretion.**

**For further details on this program, please contact our General Manager at 801 596-7275 or via email at [corporate@parknjet.com](mailto:corporate@parknjet.com)**

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### **To establish a Company Account, please provide the following information:**

Company Name \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address of Company \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

### **Company Contact (person authorized to approve Company Account)**

Company Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
Email \_\_\_\_\_

### **Employees Authorized to Park using their approved Company Account:**

Employee Name \_\_\_\_\_ Phone/Email \_\_\_\_\_  
Employee Name \_\_\_\_\_ Phone/Email \_\_\_\_\_  
Employee Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

Employee Name _____	Phone/Email _____
Employee Name _____	Phone/Email _____
Employee Name _____	Phone/Email _____
Employee Name _____	Phone/Email _____
Employee Name _____	Phone/Email _____

**To add additional employees, please attach separate sheet with name and phone/email.**

**Form and Method of Payment for Company Parking:**

**Mark your preferences:**

\_\_\_ Monthly Credit Card Payment

**Park n' Jet will email monthly statements to your company summarizing parking activity.**

Preferred Email Address: \_\_\_\_\_

**To be completed by Company representative authorized to establish and approve Company account.**

I \_\_\_\_\_ authorize Park n' Jet to charge my Company Credit Card  
(Full name)

indicated below on the 1<sup>st</sup> of each month for payment of Parking Services.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Cardholder Name _____
Credit Card # _____
Expiration Date _____
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in his authorization form. If the credit card is declined for any reason, interest will accrue at a monthly rate of 18% of any and all outstanding balance. Park n' Jet reserves the right to terminate parking privileges for any unpaid and outstanding balances at anytime and at its discretion.