



Customer #

-1-

Monthly Rental Form - Vehicle Parking

Are you an existing / returning customer: Yes No

Date of Application: _____ Rental Start Date: _____

Name: _____

Address: _____ City/Prov: _____

Postal Code: _____

Telephone: (H) _____ (W) _____ (Cell) _____

E-mail: _____

Place of Employment & Address: _____

Vehicle(s) Info (*Limited to 2 vehicles per customer*)

License Plate #: _____ License Plate #: _____

Make/Model: _____ Make/Model: _____

Colour: _____ Colour: _____

Method of Payment: Automatic Debit (Void cheque required)
Preauthorized Credit Card (Visa or MasterCard)
Cheque (for corporate customers only)

Quarterly Receipt Required: YES No

LOT

MONTHLY RENT

Pugsley \$104.00 + taxes

Lower Cove \$59.00 + taxes

Lower Cove (Non SJ High student) * \$44.25 + taxes

Long Wharf \$49.00 + taxes

*SJ High students have a separate application form that needs to be used. Email parking@sjport.com for the same

Please review our rental policy listed below. If at any time you have a problem with your rental space, or if you require further information, please call 636-4869.

Cancellation of Space

We require 30 days notice of cancellation in writing. You will be charged for the following month following receipt of the notice in our office. Cancellation forms are available at the Port Saint John office, on our website at www.sjport.com, a letter may be faxed to our office or an e-mail may be sent to parking@sjport.com advising of cancellation.

Example 1: Cancellation notice provided on March 15: you will be charged for the month of April.

Example 2: Cancellation notice provided on March 1: you will be charged for the month of March.

Monthly Payment

The payment covers parking from **Monday to Friday 6am to 6pm** for each week during the month, **weekends and evenings excluded**. Payment must be received by the first day of each month. We will accept payment by: Automatic Debit from Bank Account or Preauthorized Credit Card (Visa/MasterCard) only. Invoices will not be issued but a receipt will be issued on a quarterly basis if required. We will also issue invoices and accept payment by cheque for corporate customers in good standing only. Changes to customer information must be reported by e-mail, telephone etc. as soon as possible to avoid confusion regarding unregistered vehicles or payment. The authorization for automatic payment is part of this monthly rental form (pages 4 & 5).

Delinquent Accounts

An administration fee of \$25 will be charged for every failed transaction/s either through pre-authorized debit or credit card payment. If your parking account is overdue more than 10 days, your parking space will be cancelled unless payment arrangements have been made through our office. Any customers who have not made payment or payment arrangements by this date will not be permitted to park in their monthly lot and any vehicle found in that space will be subject to towing.

Parking Permits

A laminated card will be issued indicating the parking lot and your space number, if applicable. Please note: the parking pass issued provides access to one (1) parking space, therefore it is the responsibility of the renter to ensure his/her vehicle does not exceed the space provided. This card must be attached to the rear view mirror or sun visor in such a manner as to display your lot and space number while you are parked. Additional tags can be obtained at a non-refundable charge of **\$8.85 plus tax per tag**. All permit tags issued remain the property of Port Saint John and must be returned upon cancellation.

Towing

Unauthorized parking in Port Saint John lots will result in towing at the owners expense.

Signature: _____ Date: _____

Liability

This is a "PARK AT YOUR OWN RISK" arrangement and it is acknowledged that there is a risk to property and people in the use of any area, including Port Saint John's parking areas and the undersigned will not look to Port Saint John (Port Authority) for compensation of any loss or claim. It is understood that the undersigned shall not make any claim against Port Saint John arising out of or related to the use of any parking space or spaces located on federal property administered and managed by Port Saint John. The undersigned agrees to indemnify the Port Authority for any claims made by anyone who occupies or uses the space or spaces usually used by the undersigned and makes a claim against the Port Saint John arising from or related to the use of the parking space or parking spaces unless it can be shown that such person occupied or used the space or spaces without my express permission.

I have read and agree to the terms and conditions for vehicle parking as detailed above:

Signature: _____ Date: _____



DIRECT PAYMENT SERVICE - ENROLLMENT AUTHORIZATION FORM

Please fill in and return this form to Port Saint John along with a VOID cheque (for account verification purposes).

I/We, Name:		
Address:		
City:	Province:	Postal Code:

AUTHORIZE		

Port Saint John, 111 Water Street, Saint John, N.B. E2L 0B1, to debit my/our account,		
<input type="checkbox"/> Automatic Debit (void cheque required – please attach)		
Account #: _____		
held at: _____	_____	_____
Branch Address:		Transit:
<input type="checkbox"/> Credit card Visa _____ MasterCard _____		
Card #: _____ Expiry Date: _____		
For the purpose of payment of parking space rental, in the fixed amount of \$ _____, payable monthly beginning the first day of _____, 20 ____.		
I/We have read and understood the terms of this authorization.		
Signature:		Date:
*Signature:		Date:

**For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.*

Note: If a copy of this form is required, please inform our office.



TERMS AND CONDITIONS

I/We will notify Port Saint John in writing of any changes in the account information or termination of this authorization at least one (1) month prior to the next payment date.

I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Company.

My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing Port Saint John to debit the amount (s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/We understand that any debits charged to my/our account will be reimbursed if:

- this debit was not drawn in accordance with this authorization;
- this authorization has been terminated; or
- this debit was posted to the wrong account due to invalid/incorrect account information supplied by Port Saint John,
- by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/We acknowledge that delivery of this authorization to Port Saint John constitutes delivery to my financial institution.

I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization

Signature: _____ Date: _____