

TOP-UP CARD APPLICATION FORM

Car Park: _____ Card No.: _____

Commencement Date: _____

Purchase Price (Inc. Vat): _____

Payment Method:

Cash

Invoice

Credit Card

CARDHOLDER DETAILS:

Name: _____

Company: _____

Address: _____

Tel No.: _____ Fax No.: _____

Mobile: _____

Email: _____

Vehicle Registration Number: _____

Vehicle Model: _____ Colour: _____

How did you hear about our Top-Up card?

Radio Press ads Friend In our car park

Other (Please specify) _____

I hereby apply for a Top-Up card for parking in the above car park and agree to accept the terms and conditions of parking of which I have full knowledge. I also understand that no refund or credit will be given for any amount in the event that the Top-Up card is not used.

Signature: _____

Date: _____

Name of Signatory (BLOCK CAPITALS):

Please complete the above application form indicating the value required, and present it at our Customer Service desk, together with the purchase price. One of our Customer Service team will be happy to answer any questions you may have and to demonstrate how to use the card.



Quality in parking