

ACCT#

## ABM. MONTHLY PARKING AGREEMENT for One South Wacker



	CUSTOMER	PARKER #	KEY CARD #	LOT#	TOTAL PAID:	
г			OFFICE USE ONLY		1	1
	S	ignature of Responsible Pa	ırty	Date Completed	Start Date	
8			ons, offers and announcement to the endership of the ende		an unsubschbe from these er	idll
7	· · · · · · · · · · · · · · · · · · ·					
6						
	store any items for you; ABM Parking Services is not responsible for wire wheel covers, cell phones or portable devices, CB radios, antennas, stereos, speakers, GPS devices; nor are we responsible for nicks, dings, dents, scratches, mechanical damage or failure resulting from garage services provided at no cost to you such as battery jump start, or tire inflation, etc. ABM Parking Services will not be held liable for damage(s) to vehicle parked or retrieved by anyone other than ABM Parking Services employees.					
4 5	any other cause. All damage(s) to vehicle must be reported to ABM Parking Services manager or supervisor and an incident report completed before leaving parking facility or said claim is waived. Inspect your vehicle before leaving parking facility.					
3	notice to the garage manager. ABM Parking Services Inc. may change the monthly parking rate referred to in section 1, at its sole discretion without notice. There shall be NO credits for vacation, partial months or other missed time. AVI TAG / KEY CARDS are not transferable.					
2	issued. Replacement cost for lost or stolen AVI TAG / KEYCARD is \$ <u>N/A</u> .					
1	to <u>ABM Parking Service</u> made by check or mo All payments received	vices, Attn: Fanuel Gabrie ney order to insure a valid of after the (5th) of the month	e <i>l, 180 North LaSalle St. Se</i> receipt; online payments go t	uite 1700, Chicago, IL 60 to https://payments.abm.c er being deactivated and pa	month. Payments can be main the following months must be accept and the daily posted rates at the following	be ed.
	In consideration of pa	rking space furnished me	e at the parking facility che	cked off above. I agree	as follows:	
Cell:	()	Home: <b>(</b>	_)	License Plate Number:		
Work	:: ()	Fax: <b>(</b>	)	Color:	Year:	
L	promotional emails.	Trouble like to opt out of receiving	ng rataro panting apaatoo or	Model:		_
Ema	Address:	would like to opt out of receiving	future parking undates or	Make:		
				Vehicle (2)		
Billing Address:				License Plate Number:		
Com	рапу мате			Color:	Year:	
0	N			Model:		
Name:				Make:		
				venicie (1)		