Platinum Parking
Monthly Parking Agreement
2130 West Holcombe
Houston, TX 77030
Lifescienceplaza@platinumparking.us

For Office Use Only:

Start Date:
____/____/____

Name:_____ E-mail:_____ Address:_____

City:_____ State:_____ Zip:_____

Employer:_____ Office/Suite #:

Home/Cell Phone: (_____)_____-_____ Employer Phone: (_____)_____ Ext. _____

Vehicle # 1 Make/Model/Color:_____ License Plate #: _____

Vehicle # 2 Make/Model/Color:_____ License Plate #: _____

PLEASE READ CAREFULLY

1. This agreement regards the right to use a monthly access card for one (1) parking space(s) in the Life Science Plaza parking facility. This agreement is to become effective on the date listed above between Platinum Parking, LLC ("Platinum") and the individual or entity ("Customer") listed above.
2. The term of this Agreement is to be one (1) month, automatically renewable each month upon the timely receipt by Platinum of the prevailing fee. Parking Rates are subject to change at any time by posting of new rates or similar manner. This Agreement may be terminated by fifteen (15) days advance written notice from Customer, received by Platinum prior to the first of the month; Customer will be responsible for all charges until cancellation date. Platinum reserves the right to terminate any or all monthly parking privileges immediately without cause or liability.
3. Payments are either debited automatically from Customer's bank account, or charged automatically to Customer's credit card. Payments must be RECEIVED on or before the first (1st) of the month (i.e., payment for July is due on July 1). Payments received after the first (1st) of the month will be considered late and will be subject to a late fee of twenty dollars ($20.00). Payments not received by the tenth (10th) of each month will result in the account being terminated, and a twenty dollar ($20.00) reactivation fee will be due to Platinum prior to restoration of parking privileges. ALL checks returned as Not-Sufficient Funds (NSF) or Account Closed will be charged the state mandated NSF fee, plus the late fee of $20.00. Platinum may require any Customer who has presented a check which was returned to Platinum, for any reason, to pay via certified funds at any time.
4. A twenty dollar ($20.00) card activation fee per card will be charged to the Customer at time of application submission along with first month's payment and shall not be refundable. Parking card(s) will not be issued prior to the payment of all fees due and the submission of a completed parking agreement. Access Cards are not transferable to another person or company.
5. There is a replacement charge of twenty dollars ($20.00) per damaged or lost parking card. (Per parking exhibit within tenant's lease agreement)
6. Platinum is not responsible for theft or damage to individuals, vehicles in the garage, or their contents. To reduce the chance of theft or damage, please place your personal items out of sight and lock your car doors. ALL CUSTOMERS PARK AT THEIR OWN RISK AT ALL TIMES.
7. Vehicle storage is strictly prohibited and subject to tow.
8. Customer agrees to adhere to all regulations pertaining to the use of the facility. Customer further acknowledges and agrees that Platinum has the right to make changes to the parking areas within the facility, or lot which may cause the area Customer is accustomed to parking in to change, at any time and for any reason. Customer acknowledges they will not receive any refunds due to vacation, absences or any other reason they fail to utilize parking services within the facility or lot, per this agreement.
9. Monthly Payment Authorization (please check only one (1) of the three (3) options listed):

_____ Automatic Debit _____ Automatic Credit Card

_____ MY EMPLOYER IS A TENANT OF Life Science Plaza AND PAYS FOR MY MONTHLY PARKING, RELEASING ME FROM ANY PAYMENT RESPONSIBILITY LISTED ABOVE.

PLATINUM RESERVES THE RIGHT TO CHANGE THE TERMS AND CONDITIONS ABOVE BY PROVIDING WRITTEN NOTICE OR VIA E-MAIL. BY SIGNING BELOW, I FULLY UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signature:_____ Date:_____/_____/_____

Print Name: _____