

**WOC SCHERMERHORN GARAGE COMPANY, LLC  
APPLICATION FOR MONTHLY CUSTOMERS**

Applicant's Name: Salutation: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Monthly Parking Start Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

License Plate Number \_\_\_\_\_ State of Issue: \_\_\_\_\_

*Applicant acknowledges that he/she maintains full insurance coverages on the vehicle and gives express permission for employees to operate the vehicle on garage premises and surrounding sidewalk and curb to move vehicles, if applicable. Applicant expressly holds harmless the Company and any attendants or technicians for any damages not covered by insurance. All monthly charges are due on the first day of the month via either automatic ACH Debit, Credit Card charge (3% convenience fee will be added), or check made payable to WOC Schermerhorn Garage LLC ("Company"). Payments received after the 5<sup>th</sup> day of the month are subject to a \$25.00 late fee. The applicant understands that termination of this agreement by the Company can occur at any point within the month and the sole remedy of the applicant is the return of the pro rata portion of monthly fees plus tax. If applicant chooses to cancel, the monthly fee is not prorated or returned. Parking is at the risk of the user. There is no bailment for users of this garage, and no consequential damages can be conspired. Applicant must give minimum 30 days notice to cancel by email to [management@cielogarage.com](mailto:management@cielogarage.com). If application is received less than 20 days of cancellation date a \$100.00 processing fee will be incurred. Applicant acknowledges that their monthly fee entitles them to park only the one vehicle specified above in the garage; temporary replacement or swapping of vehicles is prohibited. Service replacements on a temporary basis must be approved by Garage Management and must be accompanied by a service ticket from a car dealer or repair facility, or the daily parking rates will be applied. Accounts are considered active upon delivery of access control device (key fob), which are \$25.00 each; paid with the first month's rental payment. Applicant acknowledges that loss of his/her access control device will result in a \$50.00 replacement charge plus locksmith fees if applicable. Applicant acknowledges that failure to complete the park-in process where doors close fully, will be subject to a \$25 park-in fee. Applicant must provide a back-up payment method if primary method cannot be utilized. All payments start on the 1<sup>st</sup> business day of each month.*

**Agreed: \_\_\_\_\_, 20\_\_\_\_\_ Applicant's Signature \_\_\_\_\_**

**PLEASE ATTACH THE FOLLOWING:**

**Copy of Driver's License \_\_\_\_\_ Copy of Vehicle Registration \_\_\_\_\_ Copy of Insurance Card \_\_\_\_\_**

**Help us get to know you better:**

- Do you have a regular schedule when you need your car? \_\_\_\_\_
- If so, what days & times: \_\_\_\_\_
- What time do you return on a regular basis? \_\_\_\_\_
- Any special instructions about your vehicle? \_\_\_\_\_
- Any special things we need to know about your vehicle or to which we should pay particular attention (e.g. locks, non-working items)? \_\_\_\_\_

**Office use only**

Approved by: \_\_\_\_\_

Start date: \_\_\_\_\_

MONTHLY RATE: \_\_\_\_\_ + TAX: \_\_\_\_\_ = TOTAL DUE: \_\_\_\_\_



**WOC SCHERMERHORN GARAGE COMPANY, LLC**

**MONTHLY RECURRING CREDIT CARD AUTHORIZATION FORM**

**Fax this Completed Form to: (516) 706-1135**

**This Credit Card is a:  VISA  MASTERCARD  AMEX  DISCVR**

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**CARD SECURITY CODE (CV2):** \_\_\_\_\_

**CUSTOMER NAME (as it appears on the card):** \_\_\_\_\_

**BILLING ADDRESS (as it appears on the Card Statement):**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I authorize WOC Schermerhorn Garage Company, LLC to charge my credit card monthly for payment of services. I further acknowledge that a 3% fee will be added to my Monthly Fee (Base Rent plus Taxes). If WOC Schermerhorn Garage Company, LLC is unable to process my payment I will be responsible for an alternate payment arrangement and I understand that WOC Schermerhorn Garage Company, LLC will charge an additional \$20.00 for each attempt returned declined. This authorization is in effect until I notify WOC Schermerhorn Garage Company, LLC otherwise in writing. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided herein is true and correct.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELLED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing WOC Schermerhorn Garage Company, LLC a written notice at least 30 days in advance of the cancellation date, sent to the Corporate Office at the address printed below.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tag/Account Number:** \_\_\_\_\_

**Vehicle Description:** \_\_\_\_\_



WOC SCHERMERHORN GARAGE COMPANY, LLC

MONTHLY RECURRING PAYMENT AUTHORIZATION FORM

To schedule your monthly payment to be automatically deducted from your bank Checking Account, please complete, sign, and fax this Authorization Form to **(516) 706-1135**.

Here's How Recurring Payments Work:

You authorize regularly scheduled ACH debits to your Checking Account. You will be charged the amount on your monthly Invoice each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I \_\_\_\_\_ (print full name) hereby authorize WOC Schermerhorn Garage Company, LLC to charge my Checking Account indicated below on the first day or first business day of each month for payment of my monthly Parking Charge (Base Rent plus Tax).

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

NAME ON CHECKING ACCOUNT: \_\_\_\_\_

CHECKING ACCOUNT NO.: \_\_\_\_\_ BANK ABA ROUTING NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ BANK CITY / STATE: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify WOC Schermerhorn Garage Company, LLC in writing, sent to the Corporate Office at the address printed below, of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the event of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that WOC Schermerhorn Garage Company, LLC will charge an additional \$20.00 for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this checking account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

If WOC Schermerhorn Garage Company, LLC is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided herein is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_