



## Parking Validation Program Kia Parking Center

Validating your customer's parking has never been easier.

Parking Validation Booklets containing 50, 1 hour stickers can be purchased and delivered to your office. To validate a customer's parking, simply peel off as many of the stamps as you deem necessary and place them on the parking garage ticket that your client presents to you. When your customer presents the ticket to our cashier, their parking costs will be reduced by the number of hours (stamps) that you have applied to their ticket. Purchase as many Validation Booklets that you like or simply sign up for our automatic replenishment system. **It's just that simple.**

For more information or to enroll in our Corporate Validation Program, go to:

<http://www.evbc.com/ClevelandParking.htm> or call 216-619.1100.



## ORDER FORM Corporate Validation Program

\_\_\_\_\_ Validation Booklets of  
Stamps @ \$150.00 per Booklet

Yes, enroll me in the automatic replenishment  
program. I would like \_\_\_\_\_ booklets delivered  
to my office every \_\_\_\_\_ ( # of months).

Name /position (please print) \_\_\_\_\_

Company Name \_\_\_\_\_

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

\_\_\_\_\_

Contact phone # \_\_\_\_\_ EZP Paperwork Enclosed

Visa/Mastercard # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Return completed form to:**  
**Joyce Shively**  
**33 N. Third Street, Suite 500**  
**Columbus, OH 43215**  
**Or scan the completed form to [jshively@evbco.com](mailto:jshively@evbco.com)**

E.V. BISHOFF CO.  
216-619-1100

**P** PARKING  
MADE  
SIMPLE

**1 HOUR**

Customer Validation  
No Discounts. No Change Given

[www.evbc.com](http://www.evbc.com)

**SAMPLE**

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**SAMPLE**

## **Authorization Form for Automatic Withdrawal**

I, \_\_\_\_\_, hereby authorize the debit/charge of my rent  
(Lessee)

and/or other charges as it relates to my tenancy located at \_\_\_\_\_, in  
(Address)  
the \_\_\_\_\_ to the Credit Card listed below.  
(Name of Property)

The debit/charge will be made on the date(s) indicated below and pursuant to instructions listed below for subsequent transactions.

**E Z Pay Commencement Date:** \_\_\_\_\_

**Frequency of Withdrawal:** (  ) Monthly, \_\_\_\_\_<sup>t</sup>  
Date

**AMOUNT OF CHARGE:** \_\_\_\_\_ (\$ \_\_\_\_\_)

**Card Number:** \_\_\_\_\_

**Expiration Date :** \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any request to modify this authorization must be submitted in writing to the Lessor thirty (30) days prior to the date for which modification is being requested. Such notice must be sent via certified mail and directed to:

**Accounts Receivable Dept., 33 North Third Street, Suite 500, Columbus, Ohio 43215.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date