

MORE THAN PARKING



REQUEST TO FREEZE ACCOUNT

Account Number

Garage Name and address

NAME

Last Name	First Name	INI

CONTACT

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ADDRESS LINE

--	--	--

CITY

STATE

ZIP CODE

--	--	--

EMAIL

PHONE

AUTO INFORMATION

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AUTO MODEL

AUTO MAKE

YEAR

COLOR

LICENSE PLATE NUMBER

Please Freeze My Account Starting :

Please Unfreeze My Account On:

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MM

DD

YYYY

MM

DD

YYYY

- 1) Main office must be notified of the customer's intent to freeze their account by submitting this form at least 15 days prior to the 1st of the month.
- 2) A one month deposit must also be received by the main office in order to freeze any account.
- 3) No Replacement vehicles permitted.
- 4) Written notification 15 days prior to the 1st of the month must be sent to the main office.
- 5) Normal monthly billing will commence once the indicated 'freeze period' expires.

Date

Signature