



Location Number: 760126  
 Access Card No: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

Parker Application for:

Company/Individual \_\_\_\_\_ Group: \_\_\_\_\_

<b>Location and Rate Information</b>			<b>DEACTIVATION</b> _____		
Location Name: Denver Financial Center Location Address: 1775 Sherman St. Denver, CO  Monthly Rate: \$ _____ /Month <i>(Includes in and out privileges)</i>			Start Date: _____ Return Date: _____ *Please note that 30 day advance notice is required prior to cancellation/deactivation.		
Last Name	First Name	Company, Suite #			
Street Address (if no company enter home address)		Apt or Box #	City	State	Zip Code
Business Phone	Evening Telephone		E-Mail Address		
<b>BIKE INFORMATION</b>					
Primary			Secondary		
Make			Make		
Color			Color		

Please complete this application and email to [dfcparking@lazparking.com](mailto:dfcparking@lazparking.com)

It can also be mailed to: P.O. Box 912998, Denver CO 80291

For additional information, please call (303)291-1111

INVOICES WILL BE EMAILED ON OR AROUND THE 15<sup>TH</sup> OF EACH MONTH.

ALL PAYMENTS WILL BE DUE ON THE 1<sup>ST</sup> OF THE MONTH.

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_