



349 4th Ave SE Cedar Rapids, IA 52401
 319-365-7275 Main 319-366-1458 Fax

COUPON VALIDATION ACCOUNT AGREEMENT

REQUESTED BY:			DATE:
LOCATION:			MANAGER:
CITY:	STATE:	ZIP:	TELEPHONE:

Coupon Validation Agreement

By submittal of this form the party above requests set up of a charged coupon validation account with Park Cedar Rapids/PCI Municipal Services, (PCR for future reference). If this agreement is accepted by PCR, said party agrees to be responsible for reimbursement of all parking charges validated with our unique coupon code, a representation of which is shown below.



Coupon usage instructions for On-Street Meters

1. Approach the machine.
2. Press any button to awaken the screen from sleep-mode.
3. Enter license plate number followed by "OK."
4. Purchase Ticket (Press "1").
5. #2, 3, 4, or 5 coupon code for however much time needed.
6. Enter coupon code followed by "OK."
7. Optional Receipt.

Coupon usage instructions for Off-Street Meters (all parking ramps)

1. Approach the machine
2. Press the blue "code" button
3. Enter coupon code
4. Enter license plate number and verify it is entered correctly
5. Add the desired amount of time
6. Optional Receipt.

It is understood that there may be an initial set up charge of \$25.00 and these charges will be included on the monthly coupon validation billing. PCR will invoice the first part of every month for all charges incurred during the previous month, or within a reasonable time if it is not a month to month code. It is further understood that payment is expected within 10 days from receipt of the invoice. Automated Clearing House (ACH) payments are available. Returned checks or non-sufficient funds ACH payments will result in an overdraft fee and can result in the cancellations of parking privileges. Make checks payable to Park Cedar Rapids. Any balances over 30 days may accrue late fees in the amount of \$10.00 per month or may result in termination. Upon request, PCR will provide sufficient detail necessary to verify activity of coupon code usage.

Validator Detail

COMPANY:		AUTHORIZED REPRESENTATIVE:		TITLE:
CITY:	STATE:	ZIP:	TELEPHONE:	EMAIL:
SIGNATURE:				DATE: