

|               |                     |                  |
|---------------|---------------------|------------------|
| Permit Number | For Office Use Only | Gate Card/RFID # |
|---------------|---------------------|------------------|



The University of Arizona  
 Parking & Transportation Services  
 1117 E Sixth St—Tucson, AZ 85721—0181  
 Mailing Address: PO Box 41750—Tucson, AZ 85717-1750  
 (520) 626—PARK (7275) Fax (520) 621-7055

Vendor  Contractor

### 2015-2016 Vendor-Contractor Application

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

Account #: \_\_\_\_\_ # of Permits Requested \_\_\_\_\_

Permit Type: Yearly \_\_\_\_\_ Monthly \_\_\_\_\_ Daily \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Info \_\_\_\_\_

Phone Number \_\_\_\_\_

| License Plate | State | Year | Make | Model | Color | VIN (Temp Plate ONLY) |
|---------------|-------|------|------|-------|-------|-----------------------|
|               |       |      |      |       |       |                       |

**LOST OR STOLEN PERMITS ARE NOT REPLACED FREE OF CHARGE. LAST DAY FOR PRORATED REFUNDS: 1st FRIDAY OF APRIL**

RFID units— I understand that the radio frequency identification device (RFID) is the property of The University of Arizona Parking and Transportation Services (PTS). Should I discontinue my permit for any reason, I will return the RFID unit to PTS within 30 calendar days. Failure to do so will result in a currently approved non-return RFID fee. I understand that failure to pay this fee would result in collection action in accordance with the UA Motor Vehicle Parking and Traffic Regulations. This agreement is in effect until the device is properly returned to PTS. I also affirm that the information supplied on this form is complete and true. I understand that failure to comply with the requirements stated in The University of Arizona Motor Vehicle Parking and Traffic Regulations and Arizona Revised Statutes 49-542 and 15-1627G may result in the assessment of fees and fines. This agreement is in effect until the device is properly returned to PTS. *If you fail to pay on time and The University of Arizona Parking and Transportation Services Department refers your account(s) to a third party for collection, a collection fee of up to 33.3% or the maximum allowable by law, whichever is lower, will be assessed and will be due and owing at the time of the referral to the third party.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

|                                                                           |                                              |
|---------------------------------------------------------------------------|----------------------------------------------|
| <b>Method of Payment</b>                                                  |                                              |
| ____ Check or Money Order ( <b>payable to the University of Arizona</b> ) |                                              |
| ____ Credit Card (Visa, MC, AmEx)                                         |                                              |
| <b>Required for credit card payment: Signature</b> _____                  |                                              |
| <b>Print name as it appears on card</b> _____                             |                                              |
| Card # _____                                                              | Exp Date _____ Zip Code _____ Sec Code _____ |

|                               |
|-------------------------------|
| <b>Contractor Information</b> |
| Designated Area _____         |
| Project _____                 |
|                               |