



M C M A S T E R
INNOVATION PARK

PARKING APPLICATION

175 Longwood Road South, Suite 105
Hamilton, ON, L8P 0A1
Phone: 905-667-5500
Fax: 905-667-5501
www.mcmasterinnovationpark.ca

Name: _____

Date of Application: _____

Company Name: _____

Business Ph: _____

Email: _____

Home Ph: _____

- LOT 2 (\$50/MTH - PLUS Taxes) Across the Street
- LOT 3 (\$50/MTH - PLUS Taxes) Behind MIP Building
- UNDERGROUND (\$120/MTH - PLUS Taxes) **LIMITED SPACE (Approval Required)**

I PREFER TO PAY ONGOING BY: CHEQUE PAYROLL DEDUCTION CREDIT CARD

Any credit card or cheque resulting in an NSF situation will be subject to a \$20 service fee.

PAYROLL DEDUCTION

(McMaster University Employees only)

Employee ID #: _____

CREDIT CARD: Visa MasterCard

Card Number: _____ Exp: __/__/__

Name as it appears on the card (First Name & Last Name)

Cardholder's Signature

I agree to allow McMaster Innovation Park to debit my credit card or payroll the monthly advertised rate including all federal and provincial taxes. McMaster Innovation Park will inform their tenants by email, website or Linked-In if future increase in lot fee is required.

Signature: _____

Vehicle(s) Information:

PRIMARY VEHICLE

License plate # _____ Make: _____

Model: _____ Colour: _____

Registered owner: _____

SECONDARY VEHICLE

License plate # _____ Make: _____

Model: _____ Colour: _____

Registered owner: _____

FOR OFFICE USE ONLY:

FIRST PAYMENT: Cash Chq PD C/C

Effective: _____ to _____

(TOTAL)

ONGOING BILLING: **Amount:** \$ _____

Payment: Cash Chq PD CC **Beginning:** _____

Pass #: _____ **Pass Return Date:** ____/____/____
DD / MM / YR

Date: ____/____/____ **Cc:** Acc Pay (C.C. payments only)
DD / MM / YR