

# RV PAYMENT AGREEMENT

Campus Park and Ride

Phone: 215-413-2300

Fax: 215-629-2855

I hereby authorize the Campus Park and Ride (CPR) to automatically charge my account \$20 for each day I will be parking my RV at the parking lot.

**CREDIT CARD**

Visa  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Print Name as it appears on credit card: \_\_\_\_\_

Vehicle Information:

Type of Vehicle: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

State/Plate #: \_\_\_\_\_

How many days will you be parking with us? \_\_\_\_\_ You will be charged \$20 per day.

What day(s) will you be parking with us? \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Email Address)

(\_\_\_\_) \_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Date)

**FAX FORM TO  
215 629 2855  
TO RESERVE YOUR SPOT**