



# Monthly Parking Pass Order Form

Care Park Operation Hungary Kft.  
9 Zichy Jenő utca, 1066 Budapest  
Tel: +36 1 302 5366 Email: info@carepark.hu

Car Park: ..... Start of parking: .....

Type of lease: *Non-stop*:  *Non-stop with private parking space*:  *Daily*:  *Nightly*:   
*Weekend*:  *Motorbike*:

Name/Company name: .....

Address/Headquarters: .....

Mailing address (if it is different from the address above): .....

Identity card number (for private person): .....

Tax number (for company): .....

Business registration number (for company): .....

Executive person, authorized to sign (for company): .....

Name of the contact person (for company): .....

Phone number: .....

E-mail address: .....

Quantity of parking space to rent: .....

Private parking space for rent or parking level: .....

Type of vehicle(s): .....

License plate of the vehicle(s): .....

In case of more than one vehicle, the parking space is used alternately: Yes:  No:

Monthly Fee: (net) ..... +VAT / parking place / month, i.e. gross:  
..... / parking place / month

Issuing and sending method of the invoice: *Post*:  *E-mail (pdf)*:  *Electronic invoice*:

Preferred payment method: *Cash*:  *Bank transfer*:

Comment:

.....  
.....

The applicant agrees that the lessor will handle and process his/her data with the parking system only for the execution of the lease contract based on this request.

Place, date: .....

Signature of applicant: ..... Signature of administrator: .....