

1220 South Tryon Street Garage

WWW.VANTAGESOUTHEND.COM/PARKING

CHANGE OF INFORMATION FORM

Today's Date: _____ Effective Date of Change: _____

Change From (Name): _____ To (Name): _____

Employer: _____

Card Number _____

Parker Information

Name: _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Employer Address: _____

Employer Phone Number: _____

New Car Information:

Make _____ Model: _____

Color: _____ Year: _____ License Plate: _____

Replacement Card:

Old Card Number: _____ New Card Number: _____

Office Approval: _____

Date Issued: _____ Replacement Fee Collected: _____

Change Bank Information (Please allow 30 days to change account information): _____

Change Account?: _____ Date New Account will be Drafted: _____

New Voided Check Attached?: _____ Paid one month's fee (if applicable)?: _____

Changing Parking Type:

Currently: Reserved Non-Reserved

Changing To: Reserved Non-Reserved Space #: _____

Changing Payment Type:

Currently: ACH Credit Card Changing To: ACH Credit Card

Signature: _____

The foregoing contract is with the owner of the properties agent; Spectrum Parking LLC.

For questions and inquiries: 300 South Tryon Street, Suite 200, Charlotte, NC 28202, 704.358.1000,
or parking@spectrumcos.com