



Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

PHONE (for emergencies only) _____

Credit card number

Expires (mo/yr)

Signature of authorized card-holder

I authorize Standard Parking to apply parking changes to the credit card detailed above, as incurred by the assigned BNIA Express Pass.

If the BNIA Express pass is lost or damaged the account holder for the credit card detailed above agrees to a replacement fee of \$34 charged to the card listed above.

Signature

Date

OFFICIAL USE ONLY

PASS NUMBER: _____

CARD MEMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERSON WHO DISTRIBUTED THIS PASS: _____

Return this form to: Standard Parking • 4200 Genesee St. • Buffalo, New York 14225