

Parking Management, Inc.

1725 DeSales Street, NW, Suite 300, Washington, DC 20036

Month		Day		YEAR	

Name [as appears on credit card; PLEASE PRINT]:

VALIDATION STAMP ORDER FORM

Ordering Information:

Fax: 202-303-3674

EMAIL: stamporder@pmi-parking.com
TELEPHONE: 202-785-9191, ext. 217

Requests received <u>after</u> 12:00 p.m. (noon) will be <u>processed</u> on the next business day.

Company Name:							
Order Contact's Name:	Delivery	Delivery Recipient's Name (if different from person placing order):					
Shipping Address: Address1							
Address2/Suite							
City	State	Zip					
Telephone:	Extension						
Fax:	or:						
Stamp Order Stamp Type		# of Stamps	Stamp Rate	Total			
Stanip Type		# Of Staffips	Stamp Nate	Total			
Shipping & Handling Will Call [172 pick up from 9 am – 6 pm w	25 DeSales Street, N eekdays, after recei	ving call that stamps	ys [\$5.00]				
Payment Method Check ☐ Credit Car	⁻ d □ E	lectronic Funds	Transfer (EFT) [call for details]			
Credit Card [check one] Visa □	MasterCard □	Discov	er 🗆 Am	nerican Express 🛚			
Credit Card #:		Expire D	ate [month / year]	:			
Credit Card Holder's Signature:							