Would you like to be affiliated with ParkRideFly

ParkRideFly

Simply print and fill out this form, and return to Susan Traylor by fax at 866-678-8413. Our management team will carefully evaluate each application. Should you meet our premium parking facility criteria, we will kindly contact you to inform you that you are now affiliated with ParkRideFly.

General Information

Company Name: __________________________________________

Contact Name: __________________________________________

If the contact person for this location does not have final decision-making power, please provide us with the name and contact information of the person who has the authority to do so, directly below.

Name and company title: __________________________________

Telephone number: _______________________________________

Company phone number: __________________________________

Company fax: ___________________________________________

Business Address: _________________________________________

State: __________________________________________

Zip: __________________________________________

Email: __________________________________________

Website: __________________________________________

Mobile phone number: __________________________________

In case of emergency, who do we contact? _____________________

At which telephone number? ________________________________
Information required for your listing on the ParkRideFly website.
Please list information exactly as you would like it to appear on the ParkRideFly website.

Parking Facility name: ________________________________

Airport served: ________________________________

Airport code: ________________________________

Facility Address: ________________________________

City: ______________ State: ______________ Zip: ______________

Distance from facility to airport (approximate miles): ________________________________

Phone: ________________________________

Fax: ________________________________

Email: ________________________________

Hours of operation: ________________________________

‘Easy-as-can-be’ driving directions: ________________________________

_______________________________________________________________________

If the customer should need to pay for additional days which were not booked at the time of reservation, which methods of payment will you accept?

_______________________________________________________________________

Times of returns: ________________________________

What is included in the service your facility provides? ________________________________

_______________________________________________________________________
Do you accept mobile reservations? __________

If not, would you be interested (and have the means) to begin offering this service?
_______________________________________________________________________

Do you offer any type of VIP treatment to handicapped customers? Please explain below.
_______________________________________________________________________
_______________________________________________________________________

If not, would you be interested in offering this service? ______________

Do you offer any specials, coupons, or discount rates? Please list below.
_______________________________________________________________________
_______________________________________________________________________

Would you be interested in learning more about our ‘Refer-a-Friend’ as well as our ‘Frequent User’ program?
_______________________________________________________________________

Would you be interested in a virtual tour or photo gallery of your location?
_______________________________________________________________________

If yes, do you have the means to take video footage or digital photos?
_______________________________________________________________________
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Voucher Information

Instructions: (please list all step-by-step instructions the customer will need to follow in order to redeem their parking voucher). Make sure to include any proof of purchase or identification that may need to be presented upon check-in.

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Shuttle information

How often does your shuttle run? ____________________________________________

What does the customer need to do in order to schedule their pick-up from the airport?

_______________________________________________________________________

_______________________________________________________________________

Are there any additional taxes or fees the customer should be aware of, before arriving at your facility for check-in?

_______________________________________________________________________

Parking Facility Rates

Standard rate: ___________________________________________________________

Rate for ParkRideFly : ___________________________________________________

Special rates: for corporate accounts, referrals, travel agents, airline employees, etc. This rate should override your standard rate and your ParkRideFly rate.

_______________________________________________________________________
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Parking Facility Description

Please describe your parking facility, including all features: ____________________________
______________________________________________________________________________

Available / non-available dates (please list all blacked-out periods, holidays, etc.)
______________________________________________________________________________

Departure location / times: _______________________________________________________
Return location / times: _________________________________________________________

Customer Service

Should ParkRideFly be confronted with a customer service issue relating to your location, who should we contact? (Name and title)
______________________________________________________________________________

Phone: __________________________
Fax number: ______________________
Email: __________________________

Do you have a customer service centre? __________________________
If so, what are the hours of operation? __________________________
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Corporate Image

Do you have a logo and/or tagline that you would like included with your online profile?

Please send all images, tagline or other corporate image details to Susan Traylor by email at susan@parkrideflyusa.com

If file is too large, please contact us toll-free at 866-247-7275 to make alternate arrangements.

THANK YOU for taking the time to fill out this questionnaire. The information will be carefully reviewed by our management team, and we will notify you the moment you are approved as a ParkRideFly affiliate. We look forward to collaborating with you to better serve our customers across the US.