



Parking Application Form

# Cheltenham Town Football Club



<b>Car Owners Name:</b>	
<b>Living Address:</b>	
<b>Contact Number:</b>	
<b>Email:</b>	
<b>Employer:</b>	
<b>Car Reg:</b>	
<b>Payment Option:</b>	Annual Fee of £260-00 inc VAT <input type="checkbox"/> Quarterly Fee £75-00 inc VAT <input type="checkbox"/>
<b>Payment Type:</b>	Credit/Debit Card <input type="checkbox"/> Standing Order <input type="checkbox"/>
<b>Credit Card Details (if applicable)</b>	Card Number  Expiry Date  Security Code (Last 3 digits)

**PLEASE NOTE- THE CAR PARK WILL BE OPEN FROM 7AM-7PM MONDAY-FRIDAY, EXCLUDING BANK HOLIDAYS. ALL CARS ARE LEFT AT THE OWNERS RISK AND THE CLUB ACCEPT NO RESPONSIBILITY FOR ANY DAMAGES. PERMITS ARE NOT TRANSFERABLE AND NO REFUNDS ARE AVAILABLE. THE EARLIEST START THAT FOR PARKING IS 24<sup>TH</sup> JULY 2017.**

**FOR MORE INFORMATION- PLEASE CONTACT 01242 573558 OR EMAIL [INFO@CTFC.COM](mailto:INFO@CTFC.COM).**

## Standing Order for Quarterly Payment Options

### 1. Your Details

Full Name & Address
Postcode
Contact Number

Bank and Branch Name
Sort Code
Account Number
Ref No. if Building Society

### 2. Standing Order Details

Recipients Name: <b>Cheltenham Town Football Club AFC</b>
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Recipients Bank and Branch:
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Recipients Sort Code:
Recipients Account Number

Usual Payment Amount:

**£75-00**

First Payment Date:

**01/ /**

Usual Payment in words:

**Seventy Five Pounds Only**

Payment Reference:

**Cheltenham Town Football Club Car Park- Name [**

**]**

### 2. Your Agreement to us:

I authorise you to debit my account in accordance with the details in Section 2. The request is addressed to the bank that holds my account.

<b>Signature:</b>	<b>Date:</b>
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