



SHADE TREE GARAGE RENTAL APPLICATION

**GARAGES COST \$250 PER MONTH
PLUS APPLICABLE TAXES**

Applicant's Full Name: _____ Date of Birth: _____

Number of Garage Units You Wish to Lease: _____

From: _____ To: _____

Type of Car: _____

Home Phone: _____ Business Phone: _____

Occupation/Position: _____

Business Address: _____

Home Address: _____

Information Mailings: Mail to Home Mail to Work E-Mail to: _____

Monthly Statements: Mail to Home Mail to Work E-Mail to: _____

PLEASE CHARGE MY CREDIT CARD THE AMOUNT OF \$ _____ U.S. FUNDS.

Card Type: Visa MasterCard American Express Discover

Card Number:

Expiration Date: - Card Code:

Card Billing Zip Code: -

I, the undersigned, hereby authorize NJMP to charge the rental fee fee to the credit card provided above.

SIGNATURE _____

DATE _____

NJMP USE ONLY

GARAGE: _____

DATE PAID: _____

MAIL OR FAX FORM TO:
New Jersey Motorsports Park • 47 Warbird Drive • Millville, NJ 08332
Phone: 856-327-8000 • Fax: 856-327-8835