



Registration Form

P A R K n G O

Company Information

Company Name

:

Registration Number

:

Address

:

City

:

Province

:

Primary Contact Details

Full Name

:

Position/Title

:

Email Address

:

Phone Number

:

Additional Informations

How long has your company
been in business

:

Describe your company
operations.

:

Current Parking Space
Management Challengers

:

Verification

Please Provide at least one of the following for verification purpose.

- Business Registration Certificate.
- Utility Bill (Showing company address)
- Lease Agreement or Property Ownership Document.