

VALIDATION ORDER FORM

CUSTOMER INFORMATION

Institution:	Billing Address:
Department Name:	Contact Name:
Contact Email Address:	Contact Number:

ORDER INFORMATION

Validation Prices	Quantity	Price	Total
\$5.00 off		\$5.00	
\$9.00 off		\$9.00	
\$10.00 off		\$10.00	
\$12.00 off		\$12.00	
\$14.00 off		\$14.00	
\$15.00 off		\$15.00	
\$19.00 off (Full One Day Validation)		\$19.00	
Delivery Fee			
Order Total			

DELIVERY METHOD

- Pickup
 Courier/Mail \$20.00 fee (plus tax if applicable)
 Rush \$35.00 fee (plus tax if applicable)
(Courier delivery within Texas Medical Center area)

PAYMENT METHOD

- CHARGE CREDIT CARD
 VISA
 MASTERCARD
 AMEX
 DISCOVER

Only enter the last 4 digits of the Credit Card Number – We will contact by phone and/or email online payment instructions to complete the transaction.	Expiration Month/Year	Name on Credit card
	Billing Address Zip Code	

- AUTOMATIC DEBIT (ACH DEBIT) FROM CHECKING ACCOUNT
 WE WILL EMAIL ONLINE PAYMENT INSTRUCTIONS TO COMPLETE THE TRANSACTION.

Bank Name

- CHECK#: _____
 MAIL CHECK TO:
 LAZ Parking/Texas Medical Center, Validation Services
 2450 Holcombe Blvd., Suite 1, Houston, TX, 77021-2040

 Authorized by _____
 Date _____

IMPORTANT INFORMATION

- **Minimum quantity sold per order is 10 prepaid tickets at any validation price.**
- Do not copy the printed validations. The validation is unique and once used cannot be used again.
- When using printed validations, affix to the back of the ticket. Do not cover the barcode located on the front of the ticket.
- For questions or assistance, please contact us by email at validations@tmc.edu or by phone at 713-791-6450.

 Delivered by (Printed Name) Date

 Received by (Printed Name) Date