



TWO WAY RADIO CAR

88-19 101 Avenue
Ozone Park, NY 11416
Phone: 718-845-1705

Must Check a BOX

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“Ground Transportation”
Personal Enrollment Application

Name _____

Street Address _____

City _____ **State:** NY **Zip Code:** _____

Effective immediately, I request and authorize **IntaBORO** to establish a Personal Car Service Voucher Account, billable to me at the above address. I have supplied the requisite credit/bank information below.

Signature _____ **Date** _____

Home Telephone _____ **Business Phone** _____

Bank Reference: _____

Bank name: _____ Telephone: _____

Address: _____ Fax: _____

_____ Contact: _____ Acct# _____

Applicant affirms that the foregoing answers, and any answers appearing on the accompanying statements, are true and correct, and authorizes **IntaBoro Acres** to obtain such information as it may require to establishing the Account.

Terms and Conditions

1. **IntaBORO Acres** will issue and deliver to the Account a book of vouchers to be used for said transportation service, and by acceptance or use or permitting the use of a voucher, the Account agrees to pay promptly, after rendition of a monthly statement for all service charged through the use of the voucher(s), including a service charge for each separate voucher.
2. If, after receipt of a voucher book, a voucher is lost, stolen, or used by an unauthorized person, the Account accepts full responsibility and liability for all charges through the use of said voucher, including all service charges until receipt of written notice of its loss or theft.
3. It is understood by the Account that **IntaBORO Acres** is engaged solely in the charge account business, whereby it extends credit to the Account so as to enable said Account to obtain radio dispatched transportation service.
4. A monthly charge may be imposed upon delinquent accounts and shall be paid. It is understood and agreed that all collection costs and reasonable attorney fees shall also be paid by Applicant if delinquent accounts are referred for collection.
5. All charges are subject to New York State surcharge of two (2%) percent plus a \$3.00 processing fee.

Signature: _____

Title: _____ **Date:** _____

When complete, please fax this application to 718-845-1709.