

# intaBORO

TWO WAY RADIO CAR

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

**Must Check a BOX**

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Fax: 718-845-1709

## **“Ground Transportation Contract”**

Name of Firm: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Name of Senior Officer: \_\_\_\_\_

Business Address : \_\_\_\_\_ (Suite) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Send Invoice to the attention of: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**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 establish the Account.

### **Terms and Conditions**

Upon approval of the application, Applicant affirms and warrants that he is authorized and has full authority for the Corporation or entity identified above to enter into this Agreement and the Corporation, hereafter referred to as Applicant, agrees to be responsible for all charges to the Applicant's account. Said Applicant will become an Account of IntaBoro Acres under the following five 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: \_\_\_\_\_

24/7 Since 1967

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

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Your Company Name: \_\_\_\_\_

## Thank you for selecting *intaBORO*

Thank you very much for opening an account with **IntaBORO**, the car service of choice for so many of New York's better companies. We appreciate your business, and will work every day to fulfill our pledge to you

## To Give You the Service You Deserve

For us to expedite opening your new account we need you to supply the following information: After completing the form please fax it to Mr. J. David Krauser at efax number 718-845-1709 for proper handling. All information is, of course, kept confidential. Thank you

**Bank Reference:** \_\_\_\_\_

Bank name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Acct# \_\_\_\_\_

**Trade Reference:** \_\_\_\_\_

Co. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

**Trade Reference:** \_\_\_\_\_

Co. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date:** \_\_\_\_\_

24/7 Since 1967

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