



Cheese Bus Inc.
228-01 Merrick Blvd Laurelton N.Y. 11413
Tel: 718 276 3568
Fax: 718 228 7632

Dear Parents,

We would like to thank you for allowing us to transport your precious gift and we want you to know that customer satisfaction is our highest priority. Cheese Bus Inc. will be providing service for your child to and from the:

German International School

# of Children	Monthly Price
1 Child	\$ 775
2 Children	\$1350
3 Children	\$2000

This contract is for the **2022-2023** school year. There is a **\$50.00** non-refundable registration fee for new families that does not count towards the balance that must be paid immediately to reserve your child's seat. ***Returning parents are not subject to pay a registration fee.*** All payments are due by the 1st of each month. By the 10th of the month a **\$25.00 Late Fee** will be added to your bill if it has not been paid by then. On the 20th of the month service will be suspended until payment has been received. Payments can be made on-line by accessing your invoice that will be sent to you every month. If you prefer to write a check it can be made out to Cheese Bus Inc. and mailed to the above address but please note it must be received by the above dates. By signing this agreement, the signee is liable for ten payments from. **September -June No Refunds.**

There are absolutely no refunds. In the winter months during the snowstorm season we will adjust in accordance with the announcements from the school. Also keep in mind that dangerous conditions aren't safe for the driver or the children. Once again thank you for the opportunity to serve you and your family.

Childs Name _____

Parents Name:

(Print Name) _____

(Sign Name) _____

Start Date _____

Birthdate _____

Age _____

Childs Name: _____

Parents Name(s):

Parent

Cellphone: _____

—

Home/Work

number: _____

—

Emergency

Number: _____

Address for pickup: _____

Address for

Drop-Off: _____

Email: _____

Please note Cheese Bus is Authorized to Automatically Withdraw payments from provided accounts. Only if Payments are late; late payments will also accrue a \$25 late fee.

IF YOU WOULD LIKE RECURRING WITHDRAWALS THE 1ST OF EVERY MONTH PLEASE CHECK THIS BOX ☐

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

If you prefer leaving your banking information on file, please submit a copy of a voided check with your application.

John Doe 123 Main St Anywhere US 10111	Date _____
PAY TO THE ORDER OF _____	\$ <input type="text"/>
VOID	
Your Bank: 456 Main St Anywhere US 10111	_____ DOLLARS
MEMO _____	_____
⑆ 123456789 ⑆	⑆000001234⑆ 0190

To complete your application, you must leave your banking information on file, regardless of payment method.