



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:

Mill Basin Summer Camp

# of Children	Monthly Price
1 Child	\$400
2 Children	\$600
3 Children	\$900

Pricing is subject to vary based upon enrollment.

This contract is for the **2022-2023** summer program. 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 if the signee is enrolled into the 4 week program then is liable for (1) payment. If signee is enrolled into the 6 week program then is liable for (2) payments *second payment will be prorated***, if the signee is enrolled into the program for 8 weeks then is liable for (2) payments at full price. Cheese Bus Inc does not offer discounts based upon the days you are absent from camp. Please note Cheese Bus Inc holds the right to terminate service if enrollment is not feasible for Cheese Bus Inc to operate.

There are absolutely no refunds. In the Summer Camp months during the rainstorm/wildfire season we will adjust in accordance with the announcements from the program. 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.

Email all applications to Info@cheesebusinc.com

Child(ren) Name: _____

Parents Name:

(Print Name) _____

(Sign Name) _____

Start Date _____

Birthdate _____

Age _____

Child(ren) Name: _____

Parents Name(s):

Parent

Cellphone: _____

—

Home/Work

number: _____

—

Emergency

Number: _____

Address for pickup: _____

Address for

Drop-Off: _____

Email: _____

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**Please note Cheese Bus is Authorized to Automatically Withdraw payments from provided accounts if overdue.
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 _____	VOID	\$ <input type="text"/>
Your Bank: 456 Main St Anywhere US 10111		DOLLARS
MEMO _____		_____
1: 123456789 1:	1001001234	0190

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

Email all applications to Info@cheesebusinc.com