

## Cheese Bus Inc. 228-01 Merrick Blvd Laurelton N.Y. 11413

Tel: 718-276-3568 Fax: 718-228-7632

**New Applicants** 

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:

Ella Baker School
Julia Richmond Education Complex
One Way \$310 Per Child Roundtrip \$390
\*Sibling Discount\*

One Way \$480 (Two Children) Roundtrip \$680

This contract is for the **2023-2024** 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 1<sup>st</sup> of each month. By the 10<sup>th</sup> of the month, a **\$25.00 Late Fee** will be added to your bill if it has not been paid by then. On the 20<sup>th</sup> of the month, service will be suspended until payment has been received. Cheese Bus Inc is authorized to automatically withdraw from provided accounts, contingent payments are late or property damage. Payments can be made online 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.

No changes to the route will be implemented without the express consent of the existing families. On the days when school is in session and the bus is not available or running late, parents will be notified in a timely manner so they can make alternate arrangements. We have terrific drivers who are professional, reliable, & courteous. There will be a matron on the bus to help with the supervision and safety of the children. We also have GPS tracking systems in the buses by way of www.movinongps.com. This way either by PC or Cellular phone monitoring the vehicles progress makes the experience an even more pleasant one. Once again, Thank You for the opportunity to serve you and your family.

Childs Name:		_	
Parents Name (Print):	ne (Print):Parents Name (Sign):		
Start Date:	Birthday:	Age:	
One Way or Roundtrip? *(If One-Way, please afternoon pick up)*			
Childs Name:			
Parents Name(s):			
Parent Cell phone:			
Emergency number:			
Bus Stop:			
Home/BillingAddress:			
Email:			

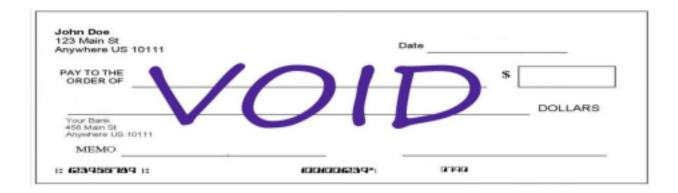
## IF YOU WOULD LIKE RECURRING WITHDRAWALS THE 1ST OF EVERY MONTH PLEASE CHECK THIS BOX □

## 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:	☐ MasterCard		□ Discover	□ AMEX		
Cardholder	Name (as shown on	card):				
Card Numbe	er:					
Expiration D	ate (mm/yy):					
Cardholder 2	ZIP Code (from cred	lit card billing add	dress):			

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



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