



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 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. 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): _____ Parents Name (Sign): _____

Start Date: _____ Birthday: _____ Age: _____

One Way or Roundtrip? _____ AM/PM

*(If One-Way, please indicate if you need morning or
afternoon pick up)*

Childs Name: _____

Parents Name(s): _____

Parent Cell phone: _____

Emergency number: _____

Bus Stop: _____

Home/BillingAddress: _____

Email: _____

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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 _____	_____
⑆ 63958789 ⑆	⑆ 000000000000000000000000 ⑆

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