



44-61 11th Street, Long Island City, NY 11101
(212)861-1000
Fax: (718) 706-1099
800-CITYRIDE

PERSONAL ACCOUNT APPLICATION

New Revision

APPLICANT INFORMATION	
Applicant's Name	
Address	
Telephone Number	
Cell Number	
e-mail Address	
Social Security #	

EMPLOYER INFORMATION	
Company Name	
Address	
Contact Name	Title
Telephone Number	Fax Number

ASSISTANT'S INFORMATION	
Name	
Telephone Number	
Fax Number	
e-mail Address	

Customer Account # _____

PERSONAL BANKING INFORMATION	
Bank Name	
Account Number	
Address	
Contact Name	Title
Telephone Number	Fax Number
e-mail Address	

CREDIT CARD # 1 INFORMATION	
Type of Card	AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> DINERS <input type="checkbox"/>
Card Number	
Expiration Date	
Name on the Card	

Note: A copy of the front and back of the above credit card must accompany this profile.

Preferred Payment Method	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card

NOTE: If payment is not received within 30 days of the Invoice Date, above credit card will be charged.

ADDITIONAL INFORMATION
How did you hear about City Ride?
Are you employed by an existing City Ride Client? If yes, please explain.

NOTES
<ul style="list-style-type: none"> The applicant assures all financial obligations with regard to charges incurred and all invoices will be paid in full. This also authorizes City Ride to verify the information that has been provided above. City Ride reserves the right to refuse services to firms that are in arrears.

Date _____

Authorized Signature _____

Print Name _____

Title _____