



# NEW YORK BUS SALES

**NEW CREDIT CARD CUSTOMER ACCOUNT INFORMATION FORM**

DATE \_\_\_\_\_

**ALL ITEMS MUST BE COMPLETED. IF "NOT APPLICABLE" PLEASE WRITE N/A**

Name of Person Completing this Form: \_\_\_\_\_

Legal Name of Firm: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

**TAXABLE:** \_\_\_\_\_ **YES (COUNTY \_\_\_\_\_)**  
\_\_\_\_\_ **NO (PLEASE ATTACH YOUR STATE'S TAX EXEMPTION CERTIFICATE)**

**BILL TO INFORMATION (if different from above):**

**SHIP TO ADDRESS (If different from above)**

NAME ON INVOICE \_\_\_\_\_

\_\_\_\_\_

STREET \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_

\_\_\_\_\_

STATE/ZIP \_\_\_\_\_

\_\_\_\_\_

**INFORMATION REQUIRED FOR CREDIT CARD TO BE BILLED**

- Company Name
- Cardholder Name
- Cardholder Billing Address
- Street Address
- City/State
- Zip Code
- Cardholder Phone Number
- Type of Card (MC, VISA, Discover, AMEX)-
- Card account number
- Card expiration date
- Card security Code
- Name of Bank issuing the card



TO OUR VALUED CUSTOMERS

DELIVERY TO YOU OF BILLING INVOICES AND MONTH END STATEMENT OF ACCOUNT

We are pleased to let you know that you can now receive these documents either via email or fax, instead of the US Mail.

These options will save paper and reduce the possibility of documents getting lost in the delivery process.

Please indicate your choice of delivery below, and return this letter to either [ar@newyorkbussales.com](mailto:ar@newyorkbussales.com) or fax to 315-687-7396, attention Accounts Receivable.

If you need further information, please call us at 315-687-3969 and ask for the Accounts Receivable department.

Les Mauer  
Controller

Customer Name \_\_\_\_\_

ATTENTION: \_\_\_\_\_

Deliver to (your email address) \_\_\_\_\_

OR

Fax to \_\_\_\_\_

Today's date \_\_\_\_\_

Your Name \_\_\_\_\_

Signature \_\_\_\_\_

Department \_\_\_\_\_