



BUS PARTS
BY NY BUS SALES & SCHOOL LINES CT

Date: _____

NEW CREDIT CARD CUSTOMER ACCOUNT INFORMATION FORM

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 #: _____

<p>TAXTABLE: _____ YES (COUNTY _____)</p> <p>_____ NO (<i>PLEASE ATTACH YOUR STATE'S TAX EXEMPTION CERTIFICATE</i>)</p>

BILL TO INFORMATION:

SHIP TO ADDRESS: (If Different From Above)

Name on Invoice: _____

Name on Invoice: _____

P.O. Box _____

P.O. Box _____

Street: _____

Street: _____

City: _____

City: _____

State/Zip Code: _____

State/Zip Code: _____

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 (Master Card, VISA, Discover, AMEX)

Card Account Number

Card Expiration Date

Card Security Code

Name of Bank Issuing the Card

Bank Phone Number (with area code)



BUS PARTS
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TO OUR VALUED CUSTOMERS

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

MAKE THE SWITCH TO ELECTRONIC DELIVERY!

You currently receive your invoices and statements via the US Mail.

Many of our customers have switched to the convenience of having these documents delivered in an eco-friendly way – electronically via email. Among other things, this option reduces the possibility of documents getting lost in the mail delivery process.

If you wish to select this option, please complete the information listed below and return this letter to either ar@newyorkbussales.com or fax to 315-687-7396, ATTN Accounts Receivable. You can select up to two people to receive your invoices and statements.

If you need further information, please call us at 800-962-5768 and ask for the Accounts Receivable department (ext. 257).

Jeff Purdy

Controller

Customer Name: _____

Contact #1:

Name: _____

Email Address: _____

Contact #2:

Name: _____

Email Address: _____

Today's Date: _____

Your Name: _____

Signature: _____

Department: _____