



220 Mineola Blvd. Suite 6 • Mineola, NY 11501
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CLIENT PROFILE

PERSONAL INFORMATION

Name: _____ Email: _____

Cell #: _____ Home #: _____ Work #: _____

Address: _____ Cross Streets: _____

City: _____ State: _____ ZIP: _____

Vehicle Make & Model: _____ Year: _____

License Plate #: _____ State of Registration: _____

Referred By: _____

CORPORATE INFORMATION Skip this section if applying as an individual.

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone #: _____ Email: _____

BILLING INFORMATION

Please complete credit card information below. A credit card is used for security in the event the account becomes delinquent.

Payment: American Express MasterCard Visa Check

Credit Card #: _____ EXP: _____ SEC: _____

I, (print name as it appears on card) _____, authorize SafeRide USA to charge any and all outstanding balances to the credit card listed above. No further signatures will be required for such credit card payment. Credit card billing address: Home Address Corporate Address

Signature: _____ Date: _____