

VPSI Commuter Vanpool Volunteer Driver Application

Section I

If a Company will be responsible for the payments, Section II on the back of the application must be completed by a Corporate Representative.

HOME INFO	First Name		Middle Name		Last Name		Social Security Number - - -			
	Current Home - Street Address						Years at this Address			
	City				State	ZIP	Home Telephone No. ()			
	County of:			E-Mail Address (if available)				Monthly Contract Mileage		
	Previous Home Address (if less than 5 years at current address):						State	ZIP		
WORK INFO	Employer Name						Department			
	Work - Street Address or P.O. Box						Work Telephone No. ()			
	City				State	ZIP	Work Hours			
DRIVING INFO	Birth Date		Driver's License Number			State	Expiration Date			
	Total Years Driving Experience		Total Years Licensed in this State			List Previous State (if licensed less than 3 Years in current state):				
	Name of Your Automobile Insurance Company:						Your Automobile Insurance Policy Number			
	Number of Moving Violations In The Last Three Years:					Number of "At-Fault" Accidents In The Last Three Years:				
Spouse or Next of Kin	First Name		Middle Name		Last Name		Social Security Number - - -			
	Home-Street Address		City		State	ZIP	Home Telephone No. ()			
	Employer Name						Work Telephone No. ()			
	Work-Street Address		City		State	ZIP	Driver's License Number			
	Will Your Spouse Be Driving The Vehicle? Yes No If Yes, Please Complete The Following And Receive Written Authorization From VPSI									
	Years Of Driving Experience:					Date Of Birth:				
	VPSI is authorized to check my driving record.						_____ Spouse's Signature			

Signature	Everything stated in this application is true to the best of my knowledge. I understand that VPSI relies on this information in deciding whether or not to grant or continue credit to me. I also understand that VPSI will retain this information whether or not my application is approved. VPSI is authorized to check my credit, driving record and employment history, and to answer questions about VPSI's credit experience with me.	
	_____ Signature of Applicant	_____ Date

Return completed Application to the local VPSI Customer Service Center shown on the back of the application.

VPSI Use Only			
_____	Coordinator and Primary Driver	_____	Primary Driver Only
_____	Credit Application Only	_____	Primary Driver and Corporate Provider

Section II - Corporate Information

Completed only when a Company will be responsible for the monthly vanpool payment.

COMPANY INFO	<input type="checkbox"/> Corporation <input type="checkbox"/> Check Here If Incorporated Within The Past 12 Months. <input type="checkbox"/> Partnership				
	Name of Company			Employer Tax I.D. Number	
	Address			Years At This Address	
	City	State	ZIP	Phone ()	
BILLING INFO	Billing Name (if different than above)		P.O. Number	Attention	
	Billing Address (if different than above)			Department	
	City	State	ZIP	Phone ()	
BUSINESS REFERENCES	Business Name	Account #	Complete Address	ZIP	Phone
	1.				()
	2.				()
	3.				()
	4.				()
SIGNATURE	Everything I have stated in this application is true to the best of my knowledge. I understand that VPSI relies on this information in deciding whether or not to grant or continue credit to the company listed above. I also understand that VPSI will retain this information whether or not the application is approved. VPSI is authorized to check our company's credit and to answer questions about VPSI's credit experience with our company.			Authorized Signature	_____
				Print Name	_____
				Title	_____
				Date	_____

Return completed Application to the local VPSI Customer Service Center listed below

VPSI Local and Home Office Use Only	
Vehicle Number	1st Month's Payment:
VIN: (last 8)	Check # _____
	Amount # _____
Contract Miles _____ or DRTM _____ (per month) Excess Milage Fee: \$ _____ 0.25 per mile Contract Miles/DRTM Cost: \$ _____ Insurance Deductible: none \$ _____ Insurance Limits: 1 Million \$ _____ Other: _____ \$ _____	Check Applicable Forms and Attach _____ Primary Volunteer Driver Application _____ DMV Report _____ Three Party Agreement _____ Interim MVR Statement _____ Delivery Receipt _____ 1st Month's Payment
TOTAL PRETAX COST \$ _____	_____ VPSI Representative Date
City/County/State Tax \$ _____ Tax Code _____ Total Monthly Invoice Amount \$ _____ Approval # _____	Local VPSI Customer Service Center: