

## Affiliate Registration Form

Please Type Only

ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED.

Account Number:

(for office use only)

### Transportation Company Information

Company Name:\*

Street Address:\*

City / Town:\*

State / Province\*

Zip / Postal Code\*

Country\*

Business Phone Number:\*

Fax Number:

Email Address:\*

Business Model:\*


☐ Employee Based

☐ Independent Operator

### Contact Information

Contact Name:\*

Contact Title:\*

Contact Phone Number:\*

Contact Mobile Phone Number:

Contact Fax Number:

Contact Email Address:\*


### Operations Information

Market(s) Served:\*

City / State / Country:\*

Hours of Operation:\*

24Hrs. Dispatch Number: (if available)

What dispatching software you use?


Appropriate level of insurance coverage\* ☐ Yes

☐ No

All certificates from operating authorities ☐ Yes

☐ No

### Fleet Information

Vehicle Types:

Please check all that apply\*

- |  |  |
|--|--|
| <input type="checkbox"/> Executive Sedan | <input type="checkbox"/> Luxury Sedan  |
| <input type="checkbox"/> Executive SUV   | <input type="checkbox"/> Executive Van |
| <input type="checkbox"/> Sprinter Van    | <input type="checkbox"/> Limousine     |
| <input type="checkbox"/> SUV Limousine   | <input type="checkbox"/> Limo Coach    |
| <input type="checkbox"/> Mini Coach      | <input type="checkbox"/> Motor Coach   |

Additional Information:

☐ Yes, I have read and agreed with the Affiliate Terms & Conditions of BostonAsapCoach.\*

Signature of Approver

- Please note that approver must be an officer or authorized agent legally able to bind the Company.

Signature:\*

Title:\*

Date:\*

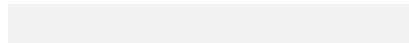
- By signing your name in the above line and submitting this application electronically you are certifying that you have read and agreed with the Affiliate Terms & Conditions published on BostonAsapCoach website. Also authorizing BostonAsapCoach to use your name and contact information for marketing purposes.

Please complete the Form, Print and Sign it, then either Email it to: [affiliate\\_services@bostonasapcoach.com](mailto:affiliate_services@bostonasapcoach.com) or Fax it to: 617-552-1111

Print

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at the above listed information is correct  
BostonAsapCoach to verify the above infor

or Fax it to: 617.500.9945