

# UrbanRide, Inc.

## SERVICE PROVIDER APPLICATION

### Instructions

Please complete and sign this application and forward to UrbanRide along with all Supporting Documentation (see list below). Application can be sent via fax (+1 212-202-9638) or by mail to UrbanRide, Inc., Attn: Service Provider Applications, 421 Seventh Avenue, Suite 1200, New York, NY 10001.

### Supporting Documentation:

1. Certificate of Insurance with UrbanRide designated as a Loss Payee and additional insured. Please use the following entity name and address on the certificate:  
UrbanRide, Inc., 421 Seventh Avenue, Suite 1200, New York, NY 10001
2. Completed W9 Form (Available at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
3. Proof of Worker's Compensation (New York State service providers only)
4. Copy of all operating permits and licenses (including airport permits)

File must be complete in order for your application to be reviewed. Please note that all application materials will become the property of UrbanRide and will not be returned. For help completing this application or for inquiries regarding the status of a completed application, please email [info@urbanride.com](mailto:info@urbanride.com). Telephone inquiries will not be accepted.

All gray fields below must be filled in.

### COMPANY CONTACT

Company

Full Address

Phone

Fax

WWW

E-Mail

Hours of Dispatch  24/7  Other:

Do not choose 24/7 if an answering service is used during any part of the day

### MANAGEMENT CONTACT

Name

Position

Mobile

# UrbanRide, Inc.

## SERVICE PROVIDER APPLICATION

E-Mail

### REFERENCES

Limousine Networks  
(list all that apply, if any)

Corporate Reference 1

Company

Contact Name

Phone Number

Corporate Reference 2

Company

Contact Name

Phone Number

### CORPORATE STRUCTURE

Corporate Structure  Corporation  Partnership  Other:

Year Company was Established

TCP #

Affiliations (check all that apply)  NLA  BBB  NBTA  MPI  Other:

### CHAUFFEURS

Describe chauffeur training  
program:

Chauffeur Communication  Cellular Phone  Two-way radio  Pager  Other:

Chauffeur drug-testing program  
(Check all that apply)  Pre-Employment  Periodic  Random  Other:



# UrbanRide, Inc.

## SERVICE PROVIDER APPLICATION

### LOCAL AIRPORT SERVICE

Local Airport \_\_\_\_\_

Airport Greet Procedures \_\_\_\_\_

Option 1 \_\_\_\_\_

Option 2 (If Applicable) \_\_\_\_\_

### AIRPORT TRANSFER RATES (Local airport to/from downtown)

Vehicle	Base Rate	Gratuity (%)	Taxes (%)	Discount (%)	Net Rate
Sedan					
6-Passenger Stretch					
14-Passenger Van					

### HOURLY CHARTER RATES

Vehicle	Base Rate	Gratuity (%)	Taxes (%)	Discount (%)	Net Rate	Min Hrs
Sedan						
6-Passenger Stretch						
14-Passenger Van						

Does your company have a mileage tariff?  Yes  No

Cancellation Policy \_\_\_\_\_ hours

Surcharges (Describe any applicable surcharges, such as night, holiday, airport greet, etc.)  
\_\_\_\_\_

By signing below, I certify that all information contained in this Application is fair and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_