

Thank you for applying to join CityWheels. Please complete the entire form below - your application cannot be processed without this information.

Each driver must fill out a separate application form. For multiple drivers in the same household or business, please submit applications together to expedite processing if possible.

The typical cost to join CityWheels is \$50 + sales tax: which includes a \$25 Annual Membership charge and a one-time Driver Application fee of \$25. Additional drivers may be added to the same Membership account for \$25 each.

Businesses join CityWheels at the same \$25 Annual Membership rate, and nonprofit organizations get a 50% discount. CW business/non-profit Members pay \$25 annually for each organizational driver. Credit card information is not need for drivers adding themselves to an existing account.

### Application Information

**Rate Plan**  Standard: \$8.90/hr\*  
 Value: \$15/month, then \$6.90/hr\*

**Application Type**  Household  Business  
 Non-Profit  Add a Driver

Additional miles are \$0.30/mile  
\*Includes 20 miles per reserved hour

**For Added Drivers**  
**Membership Account to Join** \_\_\_\_\_

### Personal Contact Information

**Name** \_\_\_\_\_  
first last

**Address** \_\_\_\_\_

**Phone** (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

\_\_\_\_\_

city state zip

**Gender**  female  male

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
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### Credit/Debit Card Information

Your application fees and all other charges will be automatically billed to this card each month

**Card Type**  Credit  Debit

**Card Issuer**  Visa  Mastercard

**Expiration Date** \_\_\_\_/\_\_\_\_  
m y

**Card Number** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

Use primary address above  Use separate billing address

**Billing Address** \_\_\_\_\_  
city state zip

## Driving Record Information

A routine check of your driving record will be made with your application and renewed annually for insurance purposes.

**Number of moving violations in past 3 years** \_\_\_\_\_  
(no more than two [2] allowed)

**Number of at-fault accidents in past 3 years** \_\_\_\_\_  
(none allowed)

**Alcohol-related violations in past 7 years** \_\_\_\_\_  
(none allowed)

**Number of years driving** \_\_\_\_\_

### Current License

**License Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
street state

**Issued** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration** \_\_\_\_/\_\_\_\_/\_\_\_\_  
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**Previous License** (if in the past 3 years you had a license issued by a state other than that which issued your current license)

**License Number** \_\_\_\_\_

**State or Country** \_\_\_\_\_

**Issued** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration** \_\_\_\_/\_\_\_\_/\_\_\_\_  
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## Referrals and Promotions

**How did you find us?** (check all that apply)

Friend  News  CityWheels Car

Brochure  Internet  CityWheels Rep

Company is a Member  Other \_\_\_\_\_

**Referred by someone?**

**Name** \_\_\_\_\_

**Member Number** \_\_\_\_\_

**Promotional Code?** \_\_\_\_\_

## Verification

**By submitting this application to CityWheels, you**

- Certify that everything stated in this application is true to the best of your knowledge.
- Authorize CityWheels, its agents, and insurers to review your driving record, criminal record, and other background information as CityWheels shall deem relevant to its approval of Member's participation in the CityWheels Program.
- Understand that this application and all the above consumer reports will be used to determine your acceptance for membership.
- Understand that the information provided by you and the review of your driving record will be retained by CityWheels, its agents and insurers, whether or not your application is approved.
- Agree to be bound by this application and understand that failure to disclose any violations or accidents will cause automatic rejection of this application.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please mail the completed application to :**

**CityWheels · 11309 Euclid Ave · Cleveland · Ohio · 44106**