

## RENTAL PROGRAM

## RENTAL COMPANY INITIAL ENROLLMENT APPLICATION

**Mail to: NYC Department of Finance, Rental Program, 59 Maiden Lane, 20th Floor, New York, NY 10038**

Use this application to enroll your company in the Rental Program. Upon receipt of this application, we will send you a bill listing your summonses. You will then have 30 days from the date of the bill to resolve the summonses by taking one of the following steps:

- (1) Paying all summonses that you choose not to contest
- (2) Scheduling and completing hearings for summonses you choose to contest and paying those for which you are found guilty
- (3) Enrolling in payment plans for judgment debt and addressing non-judgment debt as described in (1) or (2) above

To be eligible for the Rental Program, all of your judgment debt must be either enrolled in payment plans or have no outstanding amount due, and all of your non-judgment debt must have no outstanding amount due.

**Please provide the following with this application:**

- Registration fee
- Plate list
- A blank rental agreement
- Corporate by laws
- Certificate of corporation documents

If you have questions or need assistance, please contact the Fleet/Rental Unit at 212-291-2578.

## SECTION I - ENROLLMENT CONTACT INFORMATION

1. Lessor's Name:

**2. Business Type:** Check one of the boxes below and write in the SSN and/or EIN as indicated.

- a. ☐ Sole Proprietorship

Social Security Number:

- b.  Partnership

Social Security Number:

and

Employer Identification Number:

- c.
- 
- Corporation

Employer Identification Number:

3. Business Address:

City:

State:
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Zip Code:
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4. Contact Name:

5. Telephone Number:

6. E-mail Address:

7. Bank Name:

8. Bank Address:

City:

State:

Zip Code:

## SECTION II - CORPORATE CERTIFICATION

The undersigned affirms that the lessor is in the business of renting and/or leasing vehicles and that all of the vehicles that will be enrolled in the Car Rental Program will be used for rental or leasing purposes.

Print Name of Corporate Officer	Title
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Corporate Officer's Signature	Date
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### SECTION III - FEE INFORMATION

Complete Section IV before completing this Section

1. Enter number of **Plates** enrolled (total # listed as "A" in Trans Code column in Section IV below): \_\_\_\_\_

2. Enter total enrolled **Months** (Effective Date column in Section IV below): \_\_\_\_\_

3. Multiply **Plates X Months** (multiply total on Line 1 by total on Line 2): \_\_\_\_\_

4. Amount Enclosed (should equal total on line 3): \$ \_\_\_\_\_ 5. Check Number: \_\_\_\_\_

## SECTION IV - VEHICLE PLATE INFORMATION

Enter the vehicle Plate Number, State and Plate Type for each vehicle. Enter 0 for Zero.

**TRANSACTION CODES:** A - ADD PLATE (additions should be as of 1st of the month only)

**T - TERMINATE PLATE** (terminations as of the end of the month)

[illegible]