

ROADSIDE ASSISTANCE

Type of Plan: (*check one*) ___ (1-3 months--\$34.95) ___ (4-6 months--\$39.95)

All rates & coverages are listed in US Dollars. Memberships can be canceled prior to policy effective date only!

REQUESTED POLICY EFFECTIVE DATE _____

(Coverage becomes effective when payment is received & member # is assigned.)

Coverage includes:

- * 800# Dispatch Service in the US, Alaska, Canada, Hawaii & Puerto Rico--**available 24/7**
Dispatchers handling roadside assistance calls will ask for details on the situation:
 - * Member name & plan type—indicate they are a customer of Motorcycle Services, LLC
 - * Location of the breakdown
 - * Type of assistance needed
 - * Motorcycle (model & style)
 - * Destination of tow (if needed)
 - * If a motorcycle trailer/sidecar is involved
- * Emergency Roadside Service
 - i.e. having gas or a battery delivered
- * Emergency Towing Service
 - taking member/customer to the nearest motorcycle repair facility
- * Coverage is **\$150 maximum per tow**--customer pays balance over \$150--COD at time of tow
- * Emergency Cards with toll free 800# provided
- * Key Number Registration

Member Information---PLEASE PRINT CLEARLY

Name _____

Address _____

City/State/Zip _____

Telephone w/area code (home) _____ **Cell #** _____

E-mail _____

Motorcycle Information (Covers 1 motorcycle or 1 trike--1980 and newer)

Please check one: Motorcycle Trike

Year _____ Make _____ Model _____ Color _____

Licence Plate # _____ State _____ Vin# _____

Key Registration Code # _____

Trailer () No () Yes Brand/Color/License Plate# _____

Sidecar () No () Yes

OFFICE USE ONLY

Member #MS _____

Start Date ___/___/___ Exp. Date ___/___/___

Paid \$ _____ Entered Data ___/___/___

ROADSIDE ASSISTANCE PAYMENT

CLIENTS NAME: _____

CREDIT CARD

Please charge the amount of \$ _____ USD to my:

VISA _____ MASTERCARD _____ Expiration Date: _____ / _____

Card # _____

Security Code: _____ (Last 3 digits on the back of your card)

Name: _____
(Print name as shown on Credit Card)

Credit Card Billing Address: _____

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X _____ Date: _____
(Cardholder's Signature)

Submit Completed Application (pages 1 & 2) and Payment by Fax, Mail or Email

FAX: 516-393-5996

Mailing Address

**Motorcycle Services LLC
6800 Jericho Turnpike - Suite 120 West
Syosset, New York 11791**

E-mail: info@motorcycleexpress.com

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