

ABO-Beginn	Kunden-Nr.	Name, Vorname
FS-Art	Vertragspartner	To be filled in by the transport company!

Busverkehr Oder-Spree GmbH
James-Watt-Str. 4, 15517 Fürstenwalde

Return to BOS by the 15th of the previous month at the latest!



Order form for a job ticket

Please fill in clearly legible in block letters! Mark with a cross where applicable!

1.) Subscription start and payment method

Subscription start:

Method of payment: ☐ 12 monthly rates

2) personal details of the applicant

Salutation: ☐ Ms ☐ Mr ☐ general

Surname, First name:

Date of birth:

Street, house number:

Zip code, City:

Phone no.:

E-mail address:

Please always include the company email address!

I agree that the photograph may be stored for the purpose of reproducing it in the event of loss or theft for the duration of the validity of the ticket.

I am responsible for ensuring that a current image is available when a new one is made.

☐ Ja

☐ No

Submit passport photo with the application!

The common tariff of the transport companies cooperating in the VBB (VBB tariff) applies.
Inspection at customer service and at www.bos-fw.de

Data protection:

Your personal data will be processed in accordance with our privacy policy.

Access at www.bos-fw.de/datenschutz

☐ I have taken note of the data protection information for the subscription.

Date Signature of the orderer



3.) Desired area of validity of my ticket

☐	Berlin	☐ A-B	☐ B-C	☐ A-B-C
		☐ A-B-C + 1 Landkreis		
		1. _____		
		☐ A-B-C + 2 Landkreise / 1 Landkreis and 1 krfr. Stadt		
		1. _____		
		2. _____		
☐	Oder Spree District (1 Landkreis)			
☐	2 Landkreise <u>or</u> 1 Landkreis + 1 krfr. Stadt			
		1. _____		
		2. _____		
☐	3 Landkreise <u>or</u> 2 Landkreise + krfr. Stadt			
		1. _____		
		2. _____		
		3. _____		
☐	Overall network of the Berlin-Brandenburg transport association			

4.) SEPA direct debit authorization

Creditor identification number: DE83ZZ00000002258

Mandate reference: = Customer number

I authorize Busverkehr Oder-Spree GmbH to collect payments from my account by direct debit no later than the 10th business day of the current month. At the same time, I instruct my credit institution to honor the direct debits drawn on my account by Busverkehr Oder-Spree GmbH. I can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed upon with my credit institution apply. Costs for return debit notes shall be borne by the customer.

Account holder	
IBAN	DE _____

Date/Signature of the account holder

For more information, please contact the customer service in person at James-Watt-Str. 4. in Fürstenwalde during the hours published on our website (www.bos-fw.de).
Opening hours and by phone 03361/3772290 or kundencenter.bos@deutschebahn.com.