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

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

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

Date Signature of the orderer

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: 12 monthly rates Method of payment: 2) personal details of the applicant Salutation: Ms Mr general Surename, 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. l 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.



3.) Desired a	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			
	<u>1.</u>			
	2.			
	3.			
	Overall network of the Berlin-Brandenburg transport association			
4 \ SEDA dir	ect debit authorization			
	fication 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 calendar 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.			
Assessment heal	dor			
Account hol	der			
IBAN	DE			
Date/Signat	ure 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 03361/556119 or kundencenter.bos@deutschebahn.com.