



Registration Form: Participating Bicycle Vendors  
City of Santa Fe - Bus Pass Rebate Program

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Contact Name (printed): \_\_\_\_\_

*Agreement with City of Santa Fe Bus Pass Rebate Program Rules & Regulations:*

- I agree, on behalf of the business noted above, to participate in the City of Santa Fe Bus Pass Rebate Program, to comply with the program rules and regulations, and to promote the program by providing informational packets and required receipts to customers at the point of sale.

Primary Contact (signature): \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*Staff Use Only . . .*

- Proof of City Business License Verification or proof of non-profit status
- Verification of Physical Address
- Received on/before August 31, 2013
- Bicycle maintenance provided and menu of repair services offered