



## BOOKKEEPER ACCEPTANCE FORM

- Current Vanpool #/GIN \_\_\_\_\_ Primary Driver Name \_\_\_\_\_  
 New Vanpool Group

Full Name:	Former Name:	
Home Address:	City:	Zip:
Home Phone:	Home Email:	
Work Phone:	Work Email:	
Employer:	Job Title:	
Street Address:	City:	Zip:

My signature below signifies that I have read, understand and agree to abide by all terms in the Bookkeeper Section of the [Pierce Transit Vanpool Participant Agreement](#). I agree to provide accurate and timely information as required by this agreement and as outlined in the Vanpool Participant Manual.

Signature:	Date:
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**Please submit your completed acceptance form to Pierce Transit Vanpool.**

Fax: 253.444.2559

Email: [vanpool@piercetransit.org](mailto:vanpool@piercetransit.org)

Mail: Pierce Transit, ATTN: Vanpool, PO Box 99070, Lakewood, WA 98496-0070