



**APPLICATION FOR EMBARK PLUS NORMAN SUBSCRIPTION SERVICES**

**PLEASE PRINT – ALL BLANKS MUST BE COMPLETED**

Return Signed Application to: EMBARK PLUS Subscription Services  
2000 South May Ave., Oklahoma City, OK 73108

Customer Name (First, MI, Last): \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requested Days for Subscription Service

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Requested Pick-Up Time/Location for Subscription Service

Pick-Up Time: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Return Pick-Up Time (if applicable): \_\_\_\_\_

Return Pick Up Location: \_\_\_\_\_

Return Drop Off Location: \_\_\_\_\_

Is the customer competent to be left unattended?  Yes  No

If no, who is the responsible person:

At residence: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

At destination: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature (if applicable): \_\_\_\_\_