

Approved \_\_\_\_\_

ACCT # \_\_\_\_\_

OFFICE USE ONLY

# ACCOUNT APPLICATION

## BUSINESS

### Account Information

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

Billing or A/P Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (main) \_\_\_\_\_ (office) \_\_\_\_\_ (Fax)

E-Mail Address: \_\_\_\_\_

### Billing Address (If different from above)

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Operations Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ (main) \_\_\_\_\_ (office) \_\_\_\_\_ (Fax)

E-Mail Address: \_\_\_\_\_

### Type of Business:

\_\_\_\_\_ Single Owner      \_\_\_\_\_ Cooperative      \_\_\_\_\_ LLC  
\_\_\_\_\_ Partnership      \_\_\_\_\_ Non Profit

### Payment Options:

\_\_\_\_\_ Check      \_\_\_\_\_ ACH      \_\_\_\_\_ Credit Card on file  
*(if chosen call CC # in to set up)*

Please call or e-mail Business Office with any questions.

Phone: 608-242-2010 option 3

E-mail: AR@unioncab.com

**Special Instructions**

The following information may be added to your account when ordering services  
If you do not need any of the following please leave blank.

\_\_\_\_\_ Passengers must provide Vouchers supplied by account

\_\_\_\_\_ Staff / client placing order must use password or code  
if either

\_\_\_\_\_ Password

\_\_\_\_\_ Code

\_\_\_\_\_ Authorization List (list of people who order trips or ride on the account)

If yes please list authorized people... (if a large number email to waybill@unioncab.com)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Gratuity**

\_\_\_\_\_ Never \_\_\_\_\_ Passenger Discretion \_\_\_\_\_ \$ per trip

\_\_\_\_\_ % of trip

**Other options and terms**

We offer many billing options including but not excluded to:

Mailing invoice (default); Emailing PDF of invoice; billing in spreadsheet format;  
Subtotalling by clients/codes; sending back your vouchers to match with rides taken; ect

We are capable and willing to work with what you need and want.

Please call or email with any requests ph# 608-242-2010 option 3 [AR@unioncab.com](mailto:AR@unioncab.com)

We also offer online ordering and have a mobile app which can be used to charge your account.

If this interests you \_\_\_\_\_ Yes We will email more information.

I certify that all information on this application is correct. I understand and agree that all charges to my account will be paid promptly and in accordance with the stated terms of Union Cab (net 30 days)

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date