

Approved _____ ACCT # _____

OFFICE USE ONLY

ACCOUNT APPLICATION

PERSONAL

Account Information

Name on Account Last Name _____ First Name _____

Address: _____ City _____ Zip _____

Phone: _____
Home _____ CEL _____ (Fax) _____

E-Mail Address: _____

Billing Contact name (if different from above)

Billing Address (If different from above) _____

Address: _____ City _____ Zip _____

Phone: _____
Home or Main _____ Office or cel _____ (Fax) _____

E-Mail Address: _____

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

Gratuity

_____ Never _____ Passenger Discretion _____ \$ per trip
_____ % of trip

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.

_____ Would you like a password or a code attached to your account
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)

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

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;

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

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 payed promptly and in accordance with the stated terms of Union Cab (net 30 days)

_____ Signature

_____ Title

_____ Date

Return completed form to:	or E-mail to:	or fax to:
Union Cab	AR@unioncab.com	608-242-2009
PO Box 8305		
Madison, Wi 53708-8305		