

Approved _____ ACCT # _____

OFFICE USE ONLY

ACCOUNT APPLICATION

Trust Fund or Guardianship

Consumer Information

Account Name _____

Address: _____ City _____ State _____ Zip _____

Phone: _____
Home _____ Cel _____ Fax _____

E-Mail Address: _____

Billing Information

Billing Name _____

Billing Address (If different from above)

Address: _____ City _____ State _____ Zip _____

Phone: _____
(main) _____ (office) _____ (Fax) _____

E-Mail Address: _____

Guardian or Trust Information

Name of Guardian _____ Email _____

Guardian Address _____

City _____ State _____ Zip _____

Phone _____ Cel _____ Fax _____

Trust Fund _____ Contact _____

Phone _____ Fax _____ Email _____

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

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