

Account Information

Approved

OFFICE USE ONLY

ACCT #

ACCOUNT APPLICATION

BUSINESS

Business Name:				
Billing or A/P Contact:				
Business Address:			City	Zip
Phone:	Main		Office	Fax
E-Mail Address:				_
Billing Address (If diffe	rent from above)			
Address:			City	Zip
Operations Contact: Phone:				
	Main		Office	Fax
E-Mail Address:				_
Type of Business:	Single Owner		Cooperative	
	Partnership		Non Profit	
Payment Options:	Check	АСН	Credit Card on file (if chosen call CC # in to set up)	
Phone: 608	or e-mail Business Office with a -242-2010 @unioncab.com	ny questions.		

Special Instructions

	Passenger	rs must provide Vouc	hers supplied	by account						
	Staff / clie	ent placing order mus	st use 4 digit P	IN						
				4 digit PIN						
	Authoriza	Authorization List (list of people who order trips or ride on the account)								
	If yes plea	se list authorized pe	ople	(if a large numb	er email to ar@unior	icab.com)				
atuity	Never	Passen	ger Discretion		\$ per trip					
	% of trip									
	% of thp									
her ont	ions and terms									
	We offer many billing	options including bu	ut not exclude	d to:						
	Mailing invoice (defau		-	•						
	Subtotaling by clients		•		ides taken; etc					
	We are capable and v Please call or email w	-	vhat you need ph# 608-2		AR@unioncal	h com				
		in any requests	PUI# 000-2	.72 2010	Aneumonical	<u></u>				
	We also offer online of	ordering and have a r	mobile app wh	ich can be used to	o charge your accoun	t.				
	If this interests you	Yes	we will en	nail more informa	tion.					
	I certify that all inform	nation on this applica	ation is correc ⁻	t. I understand an	d agree that all charg	es to my				
	account will be payed	l promptly and in acc	ordance with	the stated terms	of Union Cab (net 30	days)				