



Approved _____ ACCT# _____
Office Use Only

ACCOUNT APPLICATION - PERSONAL

Account Information

Name on Account Last Name _____ First Name _____

Address: _____ City _____

State _____ ZIP _____

Phone: _____
Home Cell Fax

E-Mail Address: _____

Billing Contact Name (if different from above)

Billing Address (If different from above) _____

Address: _____ City _____

State _____ ZIP _____

Phone: _____
Home or Main Office or Cell 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
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 to heighten security by adding a 4 digit PIN code that must be
provided to order service
_____ 4-digit PIN

_____ 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 ar@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 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:
Union Cab
PO Box 8305
Madison, Wi 53708-8305

or E-mail to:
AR@unioncab.com

or fax to:
608-242-2009