



Date: _____

Office Use Only
Account # _____

Voucher Account Application

The following information will be needed for our Accounts Receivable Department (please print)

Firm Name:		Tax ID:		
Owner's Name				
Address:		City:	State:	Zip Code:
Telephone#: () -	Fax#: () -		Email:	

Where would you like vouchers to be sent? (If the same as above please check here): ___

Mail To:		Attention:		
Address:		City:	State:	Zip Code:
Telephone#: () -	Fax#: () -		Email:	

Where would you like your invoice to be Emailed

Email Address:

Please, provide us with you contact person in the Accounts Payable Department.

Contact Name:



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Account # _____

Bank References

Bank Name		Date Account Open:	
Address:	City:	State:	Zip Code:
Account#:		Telephone#: () -	

IMPORTANT!

PLEASE READ BEFORE SIGNING

I/We, acknowledge that the issuance of Metro Cab Association, Inc. Vouchers may be revoked at any time without notice, at the discretion of Metro Cab Association, Inc. Upon revocation, all voucher books and materials will be returned to Metro Cab Association, Inc. forthwith. I also acknowledge that I am responsible for any vouchers issued to my account.

As of September, 2002, a two percent (2%) processing fee is added to all voucher accounts.

By signing below I/We acknowledge that I/We understand the terms and conditions of Metro Cab billing. I/We also certify that the within information is true and correct.

Owner(s) Signature: _____ | Print Name: _____