

# GREATER AUSTIN TRANSPORTATION COMPANY

10630 Joseph Clayton Dr. Bldg. A, Texas 78753

**Attention: ACCOUNTING**

Phone 512-434-7714

Fax 512-434-7710

APPLICATION FOR VOUCHER ACCOUNT

Valid for all Yellow Cab taxi services, including Package Express courier service

Please fill in all spaces, fold, seal and mail.

Name (Company or Individual) \_\_\_\_\_

Dept. or Attn. of \_\_\_\_\_ Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Person Opening Account \_\_\_\_\_ Billing Email Address \_\_\_\_\_

Billing Address \_\_\_\_\_

How Long In Present Address \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

(Please list three credit references below (one bank and two accounts))

Bank Name :		Acct No :	
Phone No :	Contact :	Fax No :	
Address :			
City :		State :	
City :		State :	
1.Account Name		Phone :	
Phone No :		Fax No :	
Address :			
City :		State :	
City :		State :	
2.Account Name		Phone :	
Phone No :		Fax No :	
Address :			
City :		State :	
City :		State :	
City :		State :	

I understand that the information furnished to you on this application is for the purpose of obtaining credit from GREATER AUSTIN TRANSPORTATION COMPANY. I am authorized in my capacity to commit my firm accordingly. Payment terms are NET 30. Credit card payments are not accepted

\_\_\_\_\_  
Name Title Date  
(if individual/personal account, complete DOB and SS #)

\_\_\_\_\_  
Signature Date of Birth Social Security #

