

## Local Family Owned & Operated

**Congratulations** on taking the next step to provide the finest taxi transportation service for your customers. Please complete this form to begin your VIP Taxi Corporate Advantage experience.

## **VIP Taxi**

2710 E. Washington St. Phoenix, AZ 85034 1101 W. Prince Rd. Tucson, AZ 85705

Business Name:		Division:			
Business Address:					
City, State, Zip:					
Your Name:		Your Phone/Extension:			
Accounts Payable Contact:		Accounts Payable Phone/Extension:			
Fax Number:					
E-Mail Address:					
Type of Business:			Years in Business:		
Interested In:					
☐ Tear-Off Vouche	ers 🗆 D	☐ Direct PIN		□ Digital Vouchers	
I certify that the above inforr Customer agrees to pay all in balances. Net accounts are su Signature:	voices within 30 days fro ubject to a 5% monthly so	om date of invoice, a	and to pay 2% voice processin	per month on all overdue	
After complete	cion, please send to <u>Corp</u> Retain this co	orate@viptaxi.com py for your records	= :	) 748-5468	
Your VIP Taxi Area Representative	Jim Hickey National Director Sales & Marketing	<b>Office</b> (480) 300-		E-mail Jim@viptaxi.com	
Internal Use Only	Approved: /	/ Account	Number:		