

# Green Cab Corporate Account Application

## Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

## Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Billing Transactions:			
Address:	City:	State:	ZIP: Phone:

## Pick Up Point Information

Institution Name:	Institution Name:	Institution Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used for billing your company for transportation services.

Please complete this form and mail it to:

**GUL Inc Transportation**  
**Green & Orange Cab of Louisville**  
**1811 West Main St**  
**Louisville, KY**  
**40203**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*