



Today's Date: _____

834 E. Rand Road
Mt. Prospect, IL 60056

847-259-1555 (Office Number)
847-818-3790 (Fax Number)
www.americantaxi.com

BUSINESS APPLICATION

Company Name: _____

Contact Person: _____ **Title:** _____

Main Phone Number: _____ **Direct Line:** _____ **Fax #:** _____

E-Mail Address: _____

Billing Address: _____

Physical Address: _____

Major Cross Streets: _____

Minor Cross Streets: _____

What type of Account would you like to establish with American Taxi Dispatch, Inc.?

- Corporate Preferred Account: (Yes, please sign our company up for your Preferred Benefits only)
- Corporate Preferred Account with Direct Billing: (Yes, please sign our company up for your Preferred Benefits with Direct Billing, and with the understanding there is a 15% billing charge that applies when our vouchers are used at the time of travel.)

References required for a direct bill account (No Utility Companies) Must provide fax number

1.) Company: _____ Contact: _____ Phone: _____

Address: _____ Fax: _____

2.) Company: _____ Contact: _____ Phone: _____

Address: _____ Fax: _____

3.) Company: _____ Contact: _____ Phone: _____

Address: _____ Fax: _____

Thank you for choosing American Taxi Dispatch, Inc. for your company's travel needs