



Approved _____ ACCT # _____
OFFICE USE ONLY

ACCOUNT APPLICATION

BUSINESS

Account Information

Business Name: _____

Billing or A/P Contact: _____

Business Address: _____ City _____ Zip _____

Phone: _____
Main Office Fax

E-Mail Address: _____

Billing Address (If different from above)

Address: _____ City _____ Zip _____

Operations Contact: _____

Phone: _____
Main Office Fax

E-Mail Address: _____

Type of Business:

_____ Single Owner _____ Cooperative _____ LLC
_____ Partnership _____ Non Profit

Payment Options:

_____ Check _____ ACH _____ Credit Card on file
(if chosen call CC # in to set up)

Please call or e-mail Business Office with any questions.
Phone: 608-242-2010
E-mail: AR@unioncab.com

