

ANY INFORMATION PROVIDED BY YOU / YOUR COMPANY IS CONFIDENTIAL

AGREEMENT WITH **UPTOWN TRANSIT & ONYX V.I.P. LIMO SERVICES**
Mailing Address : 14726 57 AVE. SO. SEATTLE, WA 98168

Name (print) _____ Title _____

Business Phone _____ Ext # _____

Cellular Phone _____ or Home Phone _____

Fax # _____ E-Mail _____

Corporate _____ Individual _____ Government Agency _____ Military _____

Company Name _____

Address (P.O. Box is not accepted) _____

Mailing Address (if different from above) _____

(P.O. Box is accepted) _____

Agree to make payment on our monthly statement in a timely manner as to terms
of Uptown Transit & Onyx transportation services.

Payments to be made on _____ Day of each month, starting from _____

Persons authorizing payments (print name, title, phone)

Signature _____ Date ____/____/____

THANK YOU!

Fax Return: **(206) 431-8877**

For questions or to make other arrangements, please call us 206 .277. 8000 or 253.905.0000