

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 # _____

Cell. 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) _____

List of Senior Officers (print name, title, phone)

1 _____

2 _____

Persons authorized to charge services (print name, title, phone)

1 _____

2 _____

Credit card Info : VISA _____ Master card _____ AMEX _____ Type _____

Credit Card # _____ Exp. _____

Authorized 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