



Fax or email to: 817-704-7828
 unitedcabservice@gmail.com

Business Application

Business Legal Name	DBA
Billing Address	Phone Number
City State Zip Code	Fax Number
Account Payable Contact Name	Accts Pay Contact Number
Account Payable E-Mail Address	Accts Pay Contact Fax

Nature of the Business
Are Trips Requiring Orders <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Indicate: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Other _____
List the Persons to Charge on this Account

If Paying by Major Credit card: Account Number	Expiration Date	Name as it appears on Card
---	-----------------	----------------------------

Authorized Signature	Date
Print Name	Title

Credit Approved
By: _____ Date: _____

Applicant certifies that the above information is true and correct.
 Return COMPLETED application!

1225 E Corporate Drive Suite H Arlington TX, 76006
 (817) 460-6800 – 214-819-0415
 Fax: (817) 704-7828