

Corporate Partner Program Information Form

EMPLOYER INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Number of Employees (at above address): _____

Sub Type: _____ Industry: _____

CONTACT INFORMATION (EMPLOYEE TRANSPORTATION COORDINATOR/ BILLING)

First Name: _____

Last Name: _____

Title: _____

Department: _____

Phone #: _____

Email: _____

Birthday: ____/____/____

BILLING INFORMATION

Billing Email: _____

Email Invoices: Yes No

ACH Payments: Yes No

PROGRAM DECISION MAKER

First Name: _____

Last Name: _____

Title: _____

Department: _____

Phone #: _____

Email: _____

ADDITIONAL INFORMATION

Number of Metrolink Riders (total) _____

Monthly: _____ Round-Trip: _____ 7-Day Pass: _____

Closest Metrolink station to your work site: _____

Are you aware of a connection shuttle(s) or transit service(s) to/from the closest Metrolink station to your work site? Yes:

No: Provider: _____ Route #: _____ Do you/

will you provide a private shuttle to/from a Metrolink station: Yes: No:

Do you offer a pre-tax employee benefit (2020 maximum \$270): Yes: No:

Do you offer Metrolink subsidies to your employees: Yes: No:

Subsidy: \$ _____ or _____ %

Other transit incentive provided: _____

How did you hear about the Corporate Partner Program?: _____