



# 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)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Invoices: Yes  No

### PROGRAM DECISION MAKER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### ADDITIONAL INFORMATION

Number of current 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 (currently \$260 maximum): Yes:  No:   
Do you offer Metrolink subsidies to your employees: Yes:  No:   
Subsidy: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
Other transit incentive provided: \_\_\_\_\_