



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
Billing Email: _____
ACH Payments: 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 (2019 maximum \$265): Yes: No:
Do you offer Metrolink subsidies to your employees: Yes: No:
Subsidy: \$ _____ or _____ %
Other transit incentive provided: _____