



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?: _____