

# INDEPENDENT TAXI OPERATORS ASSOCIATION

80 Parkman Street Dorchester, MA 02122 OFFICE (617) 426-3438 FAX (617) 825-4209  
CHECK OUT OUR WEBSITE! WWW.ITOATAXI.COM

## Voucher Account Application

*The following information will be needed for our Accounts Receivable Department.*

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
Owner's Name(s): \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Established: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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Where would you like the vouchers sent? If the same as above, please check here: \_\_\_\_\_

Mail to: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

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Would you like invoices emailed or mailed? \_\_\_\_\_

If emailed, what is the email address' they should be sent: \_\_\_\_\_

If mailed and same as above, please check here (otherwise, complete below): \_\_\_\_\_

Mail to: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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Please provide us with a contact person in your Accounts Payable Department as well as Email Address:

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

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### I.T.O.A. Office Use Only:

Account # \_\_\_\_\_

Date Opened: \_\_\_\_\_

Vouchers Ordered: \_\_\_\_\_

Authorized by: \_\_\_\_\_