



Corporate Account Setup Group Preference Profile Form

PLEASE TYPE OR PRINT CLEARLY

Group Name: _____

Preferred Method of Payment:

___ Direct Bill (If this is your preference – please fill out “New Credit Application for Direct Bill Account” Form)

___ Corporate Credit Card to pay for all Transports (If checked – please fill out “Corporate Credit Card Authorization” Form)

___ Individuals will pay for their own transport Via Cash or Personal Credit Card

For your most frequent Travelers – Please fill out the Individual Travel Profile Forms so we may immediately enter personal profiles preferences into our system and link them to your group profile account.

Service Preference (Check one):

___ Private Sedan ___ Private No Preference ___ SUV ___ Limousine ___ Specialty Vehicle

(Private No Preference means a Limousine, SUV, Mercedes, or other Specialty Vehicle may be substituted for a Sedan at no additional cost)

Preferred Frequent Pickup/Drop Off Locations:

MAIN OFFICE:

Address: _____ Building Number: _____

Nearest Major Intersection: _____

OTHER:

Name of Location: _____ Type of Location: _____

Address: _____

Nearest Major Intersection: _____

OTHER:

Name of Location: _____ Type of Location: _____

Address: _____

Nearest Major Intersection: _____

OTHER:

Name of Location: _____ Type of Location: _____

Address: _____

Nearest Major Intersection: _____

OTHER:

Name of Location: _____ Type of Location: _____

Address: _____

Nearest Major Intersection: _____

If Direct Bill Account – Will there be Specific Personnel who can request VIATAS Service? ___Yes ___NO

If Yes, Provide Your Authorized Personnel who may request VIATAS Service to be paid by Direct bill:

1. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

2. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

3. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

4. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

5. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

6. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

7. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

8. Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

Please Fax or Email completed forms to VIATAS / Fax: 1-630-627-7901 / Email: apontarelli@viatastrans.com