

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: _____

Birthdate: ____/____/____

Email Invoices: Yes No

BILLING INFORMATION

ACH Payments: Yes No

Billing Email: _____

PROGRAM DECISION MAKER

First Name: _____

Last Name: _____

Title: _____

Department: _____

Phone #: _____

Email: _____

ADDITIONAL INFORMATION

Number of Metrolink Riders (total) _____

Monthly: _____ Round-Trip: _____ 7-Day Pass: _____ Flex Pass: _____

Closest Metrolink station to your work site: _____

Are you aware of connecting transit services 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 (2023 maximum \$300): 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?: _____