



UCAB - Prepaid Account Form

2-178 Drive In Road, Sault Ste. Marie, ON P6A 6B9

E-Mail: ucabssm@gmail.com Phone: 705-946-1300 www.ucabssm.ca



1. Name:

First Name

Middle Name

Last Name

2. Date:

MM

DD

YY

3. Contact Information:

Address

Address

E-Mail

E-Mail

Phone

Phone

3. Credit Card Information:

Credit Card
Number

Credit Card Number

Expiry Date

Expiry Date

CVV

Digital Code on the Back

4. Details of Transportation:

Pickup Address

Pickup Address

Drop Off
Address

Destination

Timing & Notes

Timing & Notes

5. Charge Slip Signed: Yes No



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6. Pre-Run Authorized (\$)

Amount Authorized

All accounts must have a deposit minimum of \$50.00 (based on monthly requirement of usage)

7. Initial Deposit on pre-paid Account(\$)

Initial Deposit

8. Preferred method of Invoice/Receipts: Mail E-Mail

Account must be paid in full each month to continue services.

All outstanding balances past 30 days will be charged a 5.00 late fee plus 2% interest per day.

Any amount which becomes delinquent beyond 60 days shall be sent to collections.

9. Client Signature

Client Signature

Date of Signature

MM

DD

YY

10. Employee Signature

Employee Signature

Date of Signature

MM

DD

YY