



CONTACT INFORMATION AND INVOICING INFORMATION FORM

Please PRINT legibly if handwriting

Contact information (Please fill out completely)

Company Name: _____

Name and Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Email: _____

Invoicing Information

This information will be the person or account that will receive the monthly invoice. Please ensure the information here is accurate and legible if handwriting.

Invoice will be sent to contact person already listed above: YES NO

If 'no', please continue below

Name and Title: _____

Phone Number: _____

Email: _____

Note: Starting January, 2018 all invoices must be sent to a valid email address. No invoices will be mailed after December, 2017.

Completed forms may be emailed to: pkane@flytucson.com

**This form is to be completed yearly or as needed
and replaces the 'Driver Certification Form'**