



UATP Billing and Cardless Account Response Form

Please fill out and return, along with a **signed UATP Subscriber Agreement and UATP Credit Application**, to:
United UATP Department, WHQCA, P.O. Box 66100, Chicago, IL 60666-0100. Telephone: 847-700-1875

Company Name

Contact Name and Telephone Number

Billing Cycle Preference

How often do you wish to receive your statement?

ONCE A MONTH

Date you wish statement to print

TWICE A MONTH

First date you wish statement to print (Second date will be approximately 14 days later)

Billing Data

In addition to a paper statement, we wish to receive our billing data via:

ELECTRONIC MAIL

E-mail Address

OR

3.5" DISKETTE

Send Diskette with Billing Statement

Send Diskette to Another Address

Please provide name, address and telephone of contact

Cardless (Lodged) Accounts

Travelers charge airfare to an account number without using a plastic card.

SINGLE CARDLESS ACCOUNT

If you want more than one cardless account, please specify titles here,
e.g., name, department, cost center, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____