

## Application for a **My get me there** Corporate card (if paying on account)

Please complete sections A and B of this form using capital letters. A designated approver of the organisation must complete section C.

**Section A – Your details** (Please complete in CAPITAL LETTERS)

Employer name	Т	Н	Ε		U	N	I	٧	Ε	R	S	I	Т	Υ		0	F									
	Μ	Α	N	C	Н	Ε	S	Т	Ε	R																
Title (Place a cross in the box)	Mr			Mrs			M	iss	ss		Ms		Othe			er (please state)										
First name																							ddle tials			
Surname																										
Date of birth	D	D		Μ	Μ		Υ	Υ	Υ	Υ																
<b>Declaration</b> To be completed by the applicant																										
I confirm that the details given on this application form are correct.																										
Applicants signature															Da	ite	D	D		Μ	Μ		Υ	Υ	Υ	Υ
Signature																										
Section B – Ticket Information																										
Zone(s)																										
Example		1	+	2		0	R		1	+	2	+	3		0	R		2	+	3						
Discounted ticket price		£																								
Ticket start date*		D	D		Μ	Μ		Υ	Υ	Υ	Υ															
*You need to allow 7	day	s fro	m tl	he a	pplic	atio	n su	bmis	ssio	n bei	fore	the	requ	este	ed st	art o	late	of tl	he M	letro	olink	anr	nual	ticke	t.	
Section C – De	Section C – Declaration To be completed by your organisation's designated approver																									
I confirm that the app	I confirm that the applicant is employed by the organisation named above and is entitled to apply for a My <b>get me there</b> corporate card and a discounted Metrolink annual ticket on account. The purchase order number for this ticket sale has been included below.																									
Name of approve	r																									
Email address																										
Approvers signature															Da	ite	D	D		M	Μ		Υ	Υ	Υ	Υ
Purchase order no	0.																									