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CORPORATE CREDIT APPLICATION

Business Information

Registered Business Name/Company Name:			Year of Establishment
Unit No./Suite	Street Address	City	
Province	Postal Code	E-Mail Address	E-Mail Invoices and Back-up <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Telephone Number	Mobile Number	Fax Number	
Type of Business	Legal Status <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Proprietorship		

Bank Information

Bank/Trust Company	Account Number
Address	
Contact	Telephone Number

Credit References/Suppliers

Name	Address	Telephone Number	Account Number

In applying for credit with Dignity Transportation Inc., the undersigned consents to Dignity Transportation inc. obtaining from, exchanging with or disclosing to a third party all information concerning the applicant for the purpose of ensuring the accuracy of this information and conducting investigations.

The Undersigned is authorized to make this application

Applicants Name/Please Print	Applicants Position/Title
Applicants Signature	Date