



50 McIntosh Drive, Suite 110
 Markham, Ontario L3R 9T3
 Phone: 416-398-2109
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CREDIT APPLICATION

Please tell us about your business..

Company name/ Registered business name				how long established Years	
Suite/Unit no.	Street Address	City	Province	Postal code	
Business telephone number		Mobile Telephone number	Fax number	E-mail address	
Type of business	Legal status				
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual proprietorship		<input type="checkbox"/> Partnership

Owners/Partners Name and Residential Address	Social Insurance Number

Please give us some references

Bank/Trust Company name and Branch address	Account Numbers

Credit References/Suppliers			
Name	Address	Telephone Number	Account Number

PLEASE BE ADVISED THAT A DEPOSIT EQUAL TO THE VALUE OF ONE MONTHS WORTH OF TRIPS MAY BE REQUIRED.

Please sign below...

In applying for credit with Dignity Transportation Inc., the undersign 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.

Applicant name please print	Applicant position/Title
Applicant signature	Date