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## DIALYSIS ACCOUNT APPLICATION

### Business Information

Registered Business Name/Company Name:			
Contact		Title	
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		Fax Number	

### Passenger Information

Name:			
Requires Accessible Vehicles	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker
Wheel-Chair wheel base Measure the widest width of the wheelchair at ground level	<input type="checkbox"/> Less than 30"	<input type="checkbox"/> 30" - 32"	<input type="checkbox"/> 32.1" - 33" <input type="checkbox"/> 33.1" - 37"
Additional Wheelchair information			
Account is allowed to be used for other medical purposes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

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 hereby agrees to abide by the Terms & Conditions as found at [www.dignitytransportation.com](http://www.dignitytransportation.com) or available upon request.

The undersigned hereby agrees that these Terms & Conditions may change without notice but will immediately be posted on [www.dignitytransportation.com](http://www.dignitytransportation.com).

**The undersigned has read and accepts all the terms and conditions and is authorized to make this application.**

Applicants Name (please print):	Applicants Position/Title:
Applicants Signature:	Date: