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We Turn Disability ... Into Mobility

CORPORATE ACCOUNT 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		Fax Number	

Billing Information (if different from above)

Company Name:			
Unit No./Suite	Street Address		City
Province	Postal Code		
Contact		Title	
Business Telephone Number		Fax Number	
E-Mail Address		E-Mail Invoices and Back-up <input type="checkbox"/> Yes <input type="checkbox"/> No	

Bank Information

Bank / Trust Company		Account Number
Address		
Contact	Telephone 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 hereby agrees to abide by the Terms & Conditions as found at 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.

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: