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We Turn Disability ... Into Mobility

REQUEST FOR DIRECT BILLED ACCOUNT

Billing Information			Date:
Bill To:		Contact Name:	
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		Business Fax Number	

Passenger Information		
Name:	Claim Number:	
Unit No./Suite	Street Address	City
Buzzer Number:	Home Telephone Number	Mobile Number
E-Mail Address:		
Customer Requires Wheel-Chair Accessible Vehicles		<input type="checkbox"/> YES <input type="checkbox"/> NO
Wheel-Chair wheel base <small>Measure the widest width of the wheelchair</small>	<input type="checkbox"/> Less than 30" <input type="checkbox"/> 30" - 32" <input type="checkbox"/> 32.1" - 33" <input type="checkbox"/> 33.1" - 37"	

Please fill out if someone other than the billing contact above is filling out

Person Setting Up Account	E-Mail Address	
Company		
Unit No./Suite	Street Address	City
Province	Postal Code	Country
Business Telephone Number	Mobile Number	Fax Number

REQUEST FOR DIRECT BILLED ACCOUNT

Who Will Be Booking The Trips	<input type="checkbox"/> CUSTOMER	<input type="checkbox"/> INSURANCE/REHAB
Are There Any Restrictions To Travel	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YES, PLEASE LIST

Medical Appointment Only	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Restricted To Specific Addresses	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If Restricted To Specific Addresses, Please List (please attach additional addresses)

Unit No./Suite	Street Address	City
Unit No./Suite	Street Address	City
Unit No./Suite	Street Address	City

Maximum Monthly Travel Amount	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Restricted, Please Provide Maximum Amount	\$	

Other Restrictions

The undersigned acknowledges that they have the authority to open this account on behalf of the previously named insurance company.

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

Person authorized for Direct Billing	Signature
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