

We Turn Disability ... Into Mobility

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PERSONAL CREDIT ACCOUNT APPLICATION

Billing Informatio	n								
Name:					S.I	.N.			
Unit No./Suite	Stree	t Addres	SS					City	
Province	P	ostal Co	de	E-Mail Address			E-Mail Invoi	E-Mail Invoices and Back-up Yes No	
Home Telephone Number			Business Telephone Number		er Mob		pile Number		
Passenger Inform	nation	(if diff	erent from o	above)					
Name:									
nit No./Suite Street Address							City	City	
Buzzer Number: Ho		Hon	Home Telephone Number			Mobile Number			
E-Mail Address:									
Requires Accessible Vehicles		YES NO		Vheelchair Walker					
Wheel-Chair wh		-	ess than	30" 32'	33"	34	" 35.5" [36.5"	
Additional Wheelchai	ir inform	ation:							
Credit Card Infor	matio	n							
Credit Card Card Numb Visa Mastercard			Number				Expiry Date	CVV Numbe	
Credit Card Card Number						Expiry Date	CVV Number		

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

The undersigned hereby agrees that Dignity Transportation
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 hereby authorizes Dignity Transportation Inc. to collect and any overdue balance on my account by charging one of the above credit cards.

Applicants Name (please print):	Signature:			
•	Date:			