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We Turn Disability ... Into Mobility

## REQUEST FOR DIRECT BILLED ACCOUNT

<b>Billing Information</b>			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	

<b>Passenger Information</b>		
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	
Who Will Be Booking The Trips	<input type="checkbox"/> CUSTOMER <input type="checkbox"/> INSURANCE/REHAB	

**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

Are There Any Restrictions To Travel	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**IF YES, PLEASE LIST**

Medical Appointment Only	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Restricted To Specific Addresses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**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
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If Restricted, Please Provide Maximum Amount	\$
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**Other Restrictions**

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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](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)

Person authorized for Direct Billing	Signature
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