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We Turn Disability ... Into Mobility

PERSONAL CREDIT ACCOUNT APPLICATION

Billing Information

Name:		S.I.N.	
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
Home Telephone Number	Business Telephone Number	Mobile Number	

Passenger Information (if different from above)

Name:			
Unit No./Suite	Street Address		City
Buzzer Number:	Home Telephone Number	Mobile Number	
E-Mail Address:			
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:			

Credit Card Information

Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card Number	Expiry Date	CVV Number
Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	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: