

GTA ACCESSIBLE TRANSPORTATION INC
CREDIT APPLICATION

Name of the person opening the account.				S.I.N.	
Unit No.	Street Address		City	Province	Postal Code
Home Phone	Business Phone	Mobile Phone	Fax Number	E Mail Address	

Name of the Passenger .				S.I.N.	
Unit No.	Street Address		City	Province	Postal Code
Home Phone	Business Phone	Mobile Phone	Fax Number	E Mail Address	

Employer		Employer's Address		Employers Phone No.	
Your Current Position		Annual Salary	Years in Current Position	Years with Company	

Bank/Trust Company		Bank Address		Account Number	
Major Credit Card	Expiry Date	Major Credit Card	Expiry Date		

PLEASE BE ADVISED THAT A DEPOSIT EQUAL TO THE VALUE OF ONE MONTHS WORTH OF TRIPS MAY BE REQUIRED

Please sign below	
<p>In applying for credit with GTA Accessible Transportation Inc., the undersigned consents to GTA Accessible Transportation Inc. obtaining from, 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 authorizes GTA Accessible Transportation Inc. through an affiliated company to collect Any overdue balance on my account by charging one of the above credit cards.</p>	

Applicants Signature

Date

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