

**GTA ACCESSIBLE TRANSPORTATION INC**  
**Business Application**

Company Name/Registered Business Name			Established Since:	
Suite/Unit No.	Street Address	City	Province	Postal Code
Business Number	Mobile Phone	Fax Number	E Mail Address	
Business Type	Legal Status <input type="checkbox"/> Corporation <input type="checkbox"/> Individual proprietorship <input type="checkbox"/> Other			

Owner/Partner's Residential Address


**Bank Information**

Bank Trust / Company Name and Branch Address	Account Numbers
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Credit References/Suppliers			
Name	Address	Telephone Number	Account Number

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

<p><b>Please sign below. In applying for credit with GTA Accessible Transportation Inc., the undersign consents to GTA Accessible Transportation Inc. obtaining from, exchanging with or disclosing to a third party all information concerning the applicant for the purpose of ensuring the accuracy of this information and conducting investigations. The undersigned is authorized to make this application</b></p>	
Applicant name please print	Applicant position/Title
Applicant signature	

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