

OFFICE USE ONLY



Fax Credit Application to:
727-546-4624
*** = Required Information**
Reservations (727) 586-2811
Faxed Res. (727) 507-9065

CREDIT APPLICATION FOR ACCOUNT

CONTACT INFORMATION

Title:

Name:

Phone:

Fax:

E-mail:

Company Name:

City:

State:

ZIP Code:

Date of birth:

Sole proprietorship:

Partnership:

Corporation:

Individual:

CREDIT INFORMATION

Primary address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

***Credit Card to Secure Acct.**

***Card #**

***Exp Date**

/

***Sec Code**

***Name On Card**

***Billing Address**

REFERENCES

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Relationship:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Relationship:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Relationship:

AGREEMENT

1. All invoices are to be paid 30 days from the date of service.
2. Claims arising from invoices must be made within one hour of completion service.
3. By submitting this application, you authorize Wheelchair Transport Service, Inc. to make inquiries into the banking and business/trade references that you have supplied. Additionally, I authorize Wheelchair Transport Service, Inc. to charge my credit card when invoices become past due.

SIGNATURE

Title:

Signature:

Date:

Print Name: