

Priority Patient Transfer Service

11 Bentley Avenue, Nepean, Ontario, K2E 6T7

Phone: (613) 727-0168, Fax: (613) 727-8757

Email: info@ppts.ca



Application for Account Service

Billing / Mailing Information

Account Type:

Commercial

Residential

Insurance

Name _____

Billing Address _____

City/Province _____

Postal code _____

Accounts Payable contact name: _____

Telephone # _____

Fax # _____

Customer Information

information is same as above

(if the customer is different from the account holder)

Customer Name _____

Address _____

City/Province _____

Postal code _____

Telephone # _____

Fax # _____

Trade References

Name _____

Address _____

Phone # _____

Name _____

Address _____

Phone # _____

The undersigned acknowledges that PPTS may obtain a credit report from the Credit Bureau and authorizes any such credit investigation. The above information is submitted only for the purpose of obtaining credit accomodation.

The customer agrees as follows:

- 1 To pay for any and all services rendered by PPTS.
- 2 All accounts due upon receipt of invoice.
- 3 To pay a carrying charge of 3% per month upon the unpaid balance of the customer's account.
- 4 Credit privileges of the customer may be terminated by PPTS at anytime without notice.
- 5 To pay an administration fee of 6% of total billing per month.

Customer Signature: _____

Date: _____

Please fill out the following if you would like to have all monthly invoices automatically charged to your credit card.

Once your credit card has been processed, you will receive all supporting documents by mail.

Credit Card #: _____

Expiry: _____

Cardholders Name: _____

Signature: _____

Please Print and Fax to (613)727-8757