



SN Transport Ltd

"Transport For Those With Special Needs"

Hand completed form to Driver or Return by fax or e-mail to Accounting Dept:

Fax # : 1-866-768-1821 e-mail : info@SNTransport.ca

Tel # :- 1-800-SNT- 0044 (768-0044)

Or regular mail to:

#301-31334 Peardonville Rd: Abbotsford: BC: V2T 6K8

This form can be completed on your computer – then "Save As" a copy for your records and e-mail back to "info@SNTransport.ca"

	<u>Card Holder Details</u>	Complete shaded sections	
Name of Card Holder			
Address - Street		Tel #	
City / Prov		Fax #	
Post Code		e-mail	
Billing Address if different from above		HandyDART Reg # >>	
	<u>Booking Authorization</u>		
Name of persons authorized to make Bookings (add sheet if necessary)	Can we accept Booking from anyone else ??	Yes No
<u>Credit Card Account</u>	<u>Card Type :</u> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	<u>Card # :-</u> - - - - -	<u>Expiry Date :-</u> - - / - -
1st Journey if applicable	<u>From :-</u>	<u>To:-</u>	

My signature below is my acceptance that if this application is being made at the same time as transportation is to take place that I will be responsible for the costs incurred.

Signature :-.....

Print Name :-.....

Date :-.....

NOTE :- Application for this Account signifies acceptance of the Companies Terms & Conditions that are attached, and the account holders undertaking that the passengers they instruct us to transport using this service are persons who have a disability, either permanent or temporary, confirmed by a medical practitioner, that is sufficiently severe that the person is physically unable without assistance to use conventional transit service, or is a person accompanying a person referred to above.