



# GRIFFIN TRANSPORTATION

WORLDWIDE CHAUFFEURED SERVICES

## CREDIT APPLICATION

### CUSTOMER INFORMATION

Full Legal Name \_\_\_\_\_  
 Trade Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal Code/PO Box \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Length of Time in Business \_\_\_ yrs. \_\_\_ mos. Date of Registration yyyy/mm/dd \_\_\_\_\_

### OWNERSHIP DETAILS

Privately Owned  Publicly Owned  Professional  Charity  Government

### PERSONAL INFORMATION: PRINCIPAL/OWNER(S)/SIGNING OFFICERS

Name and Title (Key Principal) \_\_\_\_\_  
 Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

### CURRENT BANKING INFORMATION

(Please provide details or attach a void cheque)

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 Transit \_\_\_\_\_ Account# \_\_\_\_\_  
 Banking Since \_\_\_\_\_

### PREVIOUS BANKS

(If less than 6 months)

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 Transit \_\_\_\_\_ Account# \_\_\_\_\_  
 How Long \_\_\_\_\_ yrs. \_\_\_\_\_ mos.  
 Account manager name/phone \_\_\_\_\_

### TRADE REFERENCES:

1 \_\_\_\_\_  
 (Name) (Address) (Phone)  
 2 \_\_\_\_\_  
 (Name) (Address) (Phone)  
 3 \_\_\_\_\_  
 (Name) (Address) (Phone)

Has your Business ever filed for bankruptcy or defaulted on any debts? Yes  No  .  
 Is this Business a party to any claim or lawsuit? Yes  No  .  
 Has the Business guaranteed the loans or financial obligations of others? Yes  No  .  
 If "Yes" to any of the above, please provide details \_\_\_\_\_

By signing below, you certify that the statements are true and complete.

I/We hereby authorize Griffin Transportation Services Inc. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of an account for my/our business requirement. Griffin Transportation Services Inc. is prohibited from providing any information received through such credit reports or from other third parties or financial information provided to Griffin Transportation Services Inc. by me/us to any other individuals or businesses other than those specifically listed herein or the credit insurer of Griffin Transportation Services Inc., and then only for the purpose of establishing my/our credit worthiness.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_



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## Credit Card Authorization

(Please read through carefully and complete ALL fields)

Name as it appears on credit card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(where the credit card statement is sent)

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Work number: \_\_\_\_\_ Alternate number (cell): \_\_\_\_\_

Fax number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Credit Card Information

Type: MC \_\_\_\_\_ VI \_\_\_\_\_ AMEX \_\_\_\_\_ 3/4 Digit CVV \_\_\_\_\_ (Amex on front)

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

### Please charge my Credit Card as Indicated:

\_\_\_ Signature on file for all orders on my account

\_\_\_ Total charges for reference numbers: \_\_\_\_\_

\_\_\_ Gratuity included (20%)    \_\_\_ Gratuity Included (18%)    \_\_\_ Gratuity Included (15%)

I, the undersigned, hereby authorize Griffin Transportation Services Inc. to charge the above listed credit card for transportation and related services which may be rendered through Griffin Transportation Services Inc. and/or its affiliates, in accordance with all terms and conditions of the rental agreement unless other form of payment is made in full of the charges. Vehicles are kept non-smoking. I understand that wait time for any reason, travel time (if outside the city limits), extra stops (except on hourly service), cellular phone usage, parking, tolls & other incidentals, vehicle damage caused by me or my guests, excessive clean-up cost and cancellations or charges without required notice will also be charged to my credit card. Cancellations must be given in accordance to our cancellation policy to avoid any charges in full or part to the credit card.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(must be the same name as what appears on front of credit card)

**Please complete, sign and date this form. Then fax back to our office along with a legible copy (please enlarge & lighten) of the front and back of your credit card to (604) 682-4337.**

Thank You

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**GRIFFIN TRANSPORTATION SERVICES INC**  
**1450 VENABLES STREET, VANCOUVER B.C., V5L 2G5**  
**PHONE (604) 682-4474 (24 Hours) TOLL FREE 1 877 369 5466 FAX (604) 682-4337**  
**E-mail: [info@griffintransportation.com](mailto:info@griffintransportation.com) Web Site: [www.griffintransportation.com](http://www.griffintransportation.com)**