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Beaver Transportation Services
New Client Form

Client Name:

Start Date:

Service Days:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Mailing Address:

Name:

Address:

Apartment\Unit: City:

Province: Zip Code:

Pick-up Location: (if different from Mailing Address)

Address:

Apartment\Unit: City:

Province: Zip Code:

Program\Workshop Location:

Name:

Address:

Suite\Unit: City:

Province: Zip Code:

Contact Name:

Phone:

Billing Information:

Daily Rates available, ask us for details. All fees must be paid in advance, between the 1st and the 10th of each month. Post-dated cheques are accepted.

For faster service; please submit by email or print and fax this form, fully completed, to 416-248-2083.

Phones:

Home:

Business:

Mobile:

E-Mail:

Emergency Contact and Phone:

Program Hours and Pick-Up Times:

Drivers Notes:

Medical Conditions:

Beaver Transportation Services Ltd., 31 Whitfield Avenue, North York, Ontario, M9L 1G2
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