



**Billing Request Form
ACCESS-A-RIDE**

**Access-A-Ride, Lethbridge Transit, 619 4th Ave North, Lethbridge, AB. T1H 0K4
Phone: (403) 329-6464, Fax: (403) 380-3876, Email: AAR@lethbridge.ca**

If a client's trips are being paid for by another individual/organization, please fill out the following form and submit it to the Access-A-Ride office.

SECTION A: Client Information

<input type="checkbox"/> New Account		<input type="checkbox"/> Change to Account	
Client Name:		Client #:	
Phone #:		Email:	
Address:		Postal Code:	

SECTION B: Billing Information (please fill the section that applies)

#1: Individual	#2: Organization
Name:	Organization:
Contact #:	Contact Person and #:
Address & Postal Code:	Address & Postal Code:
Email:	Email:
Relationship to Client:	

Signature _____ Date: _____

Once this application has been completed entirely, Please Email, Fax
Mail, or Deliver to:

ACCESS-A-RIDE, Lethbridge Transit
619 4th Avenue North, Lethbridge, AB. T1H 0K4
Phone: (403) 329-6464
Fax: (403) 380-3876
Email: AAR@lethbridge.ca

Please Remember to make a photocopy for your records.

SECTION C: Office Use

Date Received:	Received By:
Date Completed:	Completed By:
Comments:	