Corporate ValuPass
Company Application

Company Information:

COMPANY NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

CONTACT: _____ EMAIL: _____

INVOICING CONTACT, IF DIFFERENT FROM ABOVE: _____

INVOICING CONTACT EMAIL: _____

TYPE OF BUSINESS: _____

NUMBER OF EMPLOYEES WHO WILL BE SIGNING UP FOR THE PROGRAM:

For Transit Windsor Use:

COMPANY PROGRAM NUMBER: _____

DIRECT ROUTES SERVICING COMPANY: _____

SIGNED _____ TITLE _____

DATE _____

Please fax completed application to Transit Windsor at 519.256.6279 or drop off to customer service at the Windsor International Transit Terminal, 300 Chatham Street West.