



**Company Name**

**Full Address**

  

**Contact Person**

**Telephone No.**

**Email Address**

**Filming Date**

**Surface Route Boundaries**

<b>From:</b>	<b>To:</b>
<input type="text"/>	<input type="text"/>

**Filming Permit Fee**

**Cast and Crew Size**

(must not exceed five persons)

**Equipment**

**Certificate of Insurance:**

- 2M for In-Service Bus (TTC to be named as additional insured on the insurance certificate)
- 5M for Chartered Bus (TTC Supervisor must be on board) See Charter Form Request.

**Location (From - To)**

**Project Description**

- \* *Filming is not permitted in the subway or on surface vehicles during rush hour Monday to Friday, 6am-10am and 3pm-7pm and require three days' notice.*
- \*\* *If customer is unable to meet the requirements, a vehicle must be chartered.*



Toronto Transit Commission  
1900 Yonge Street Toronto, ON M4S 1Z2

## Credit Card Payment

Please complete all sections including Credit Card section below and **fax to TTC Treasury Services at 416-338-0178.**

Customer Information			
Company		Customer No.	
<input type="text"/>		<input type="text"/>	
Contact Name		Invoice No.	
<input type="text"/>		<input type="text"/>	
Email			
<input type="text"/>			
Address			
<input type="text"/>			
City	Province	Postal Code	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please call in your **Security code, card CVV (Visa MC: 3 on back, Amex: 4 on front)** to **416-393-2613.**

Credit Card Information		
Card Type:	Card Number	Card Expiry Date
<input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<input type="text"/>	<input type="text"/>
Card Holder Name	Card Holder Signature	Amount Approved
<input type="text"/>	X <input type="text"/>	\$ <input type="text"/>

Charges will appear as **Toronto Transit Commission** on your monthly credit card statement.  
Please keep a copy of this form for your records.

\* \* \* \*

HST No. 119 267 474 RT 0001