



File Application

Company Name: _____

DBA: _____

Address: _____

City: _____ Prov/State: _____ Postal/ZIP code _____

Federal ID #: _____ PO BOX _____

Contact Person: _____ Title: _____

Co Phone #: _____ Fax #: _____

Email: _____ Cel # _____

Web site: _____

Corporate Data: Officers, Directors or Partners - You must include President CEO or CFO complete information

President: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Home Address: _____

City _____ Prov/State: _____ Postal/ZIP Code _____

Home phone #: _____ Cell #: _____

Vice President: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Home Address: _____

City _____ Prov/State: _____ Postal/ZIP Code _____

Home phone #: _____ Cell #: _____

Secretary: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Home Address: _____

City _____ Prov/State: _____ Postal/ZIP Code _____

Home phone #: _____ Cell #: _____



State **how many** vehicles and of which type in your Fleet that will travel into Ontario

Straight _____ Tow _____
Body Truck _____ Truck _____ Tractor _____
Other _____ #: _____

State **how many** trailers and of which type in your Fleet that will travel into Ontario

Flat _____ Dry _____ Tank _____ Other _____ # _____

How many driver does your company hire that will travel into Ontario: _____

Main Activity _____





Main freight carried: _____

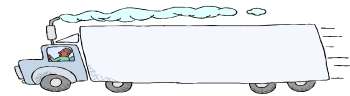
USDOT number _____

| | | | | |
|--------------------------|-------------|----|---|-------|
| Carrying your own goods | Yes | No | % | _____ |
| Carrying Dangerous Goods | Yes | No | % | _____ |
| General Freight | Yes | No | % | _____ |
| Other | | | % | _____ |
| | description | | | |

If you are carrying hazardous materials please specify which one _____

Please provide us with copies:

-  Certificate of incorporation (when company was created)
-  Truck Registration (at least one as an example)
-  Proof of insurance (insurer name, policy number and expiration date)
-  copy of the IFTA permit



Autorisation pour carte de crédit / Credit card authorization

Écrire en lettre carrée, **lisiblement** / Print / **clearly**

Nom de la compagnie:
Company name : _____

Adresse:
Address: _____

Ville / code :
City / ZIP _____ / _____

Tél. / Fax : () _____ / _____

Nom sur la carte de crédit :
Name on credit card (user) : _____

Code de sécurité :
Safety code (CSV) : _____

Visa

MasterCard

American Express *

* **Fonds canadien seulement**
Canadian funds only *

Paiement en devise:
Payment in Canadienne / Canadian US

Numéro de carte :
Number on credit card : _____

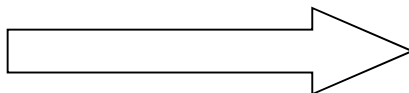
Date d'expiration MOIS / ANNÉE :
Expiration date MONTH / YEAR : _____ / _____

Je _____ autorise PERMAX SERVICE DE PERMIS LTÉE à débiter
nom sur la carte de crédit (utilisateur)
ma carte pour le montant de _____ ou selon la demande. Je comprend qu'en cas de refus de
paiement un frais supplémentaire de 35\$ sera exigé

I _____ hereby authorize PERMAX PERMIT SERVICE LTD
name on credit card (user)
to debit my credit card, it the amount of _____ or upon request. I agree that in case of
charge back an additional fee of 35\$ will be charged

Signature du client / date :
Client signature / date : _____ / _____

Retourner par fax :
Return by fax :



514 - 733 - 5002