



36 Cardico Drive
Gormley, Ontario L0H 1G0
Phone: 866.482.5311
Fax: 905.888.6061

LEGAL COMPANY NAME: _____		
BILLING ADDRESS: _____	PHONE: _____	
BUSINESS ADDRESS: _____ <small>(IF DIFFERENT THAN BILLING ADDRESS)</small>	FAX: _____	
CITY: _____	PROVINCE: _____	POSTAL CODE: _____
YEAR INCORPORATED: _____	NATURE OF BUSINESS: _____	
TRAILER LOCATION: _____ <small>(IF DIFFERENT THAN ABOVE ADDRESS)</small>		
FLEET SIZE: TRUCKS _____	TRAILERS _____	
INVOICE APPROVAL CONTACT: NAME: _____		EMAIL: _____
PHONE: _____	EXT: _____	

PRINCIPALS, OWNERS OR DIRECTORS NAME (S):	HOME ADDRESS, CITY, POSTAL CODE	S.I.N / D.O.B
_____	_____	_____
_____	_____	_____

TYPE OF BUSINESS: PARTNERSHIP CORPORATION SOLE PROPRIETOR

REFERENCE – BANK	
BANK: _____	BANK ACCOUNT #: _____
ADDRESS: _____	PHONE NUMBER: _____
_____	CONTACT NAME: _____

REFERENCE – CREDIT CARD	
VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>	VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>
CARD NUMBER: _____	CARD NUMBER: _____
EXPIRY: _____	EXPIRY: _____

REFERENCE - FINANCIAL – OTHER THAN BANK	
NAME: _____	ACCOUNT #: _____
ADDRESS: _____	PHONE NUMBER: _____
_____	_____

NAME: _____ ADDRESS: _____ _____	ACCOUNT #: _____ PHONE NUMBER: _____
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PLEASE LIST AT LEAST 3 CREDITORS; NOT INCLUDING MAJOR CREDIT CARDS:

REFERENCE – TRADES	
COMPANY NAME: _____ ADDRESS: _____ _____	PHONE NUMBER: _____ FAX NUMBER: _____
COMPANY NAME: _____ ADDRESS: _____ _____	PHONE NUMBER: _____ FAX NUMBER: _____
COMPANY NAME: _____ ADDRESS: _____ _____	PHONE NUMBER: _____ FAX NUMBER: _____

INSURANCE INFORMATION:	
BROKER: _____	CONTACT: _____
PHONE NUMBER: _____	FAX NUMBER: _____
INSURANCE COMPANY: _____	POLICY #: _____ EXP. DATE: _____
COLLISION DEDUCTIBLE: _____	LIABILITY COVERAGE: _____
CUSTOMER REFERRED BY: _____	
TRAILER TYPE(S): _____	
TOTAL NUMBER OF TRAILERS REQUIRED: _____	
ESTIMATED MILEAGE: _____	

<p>I, THE APPLICANT, WARRANT AND CONFIRM THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT AND I UNDERSTAND THAT IT IS BEING USED TO DETERMINE MY CREDIT RESPONSIBILITY. GTA TRAILER RENTALS INC. IS AUTHORIZED TO OBTAIN, AND ANY SOURCE IS AUTHORIZED TO DISCLOSE, ANY INFORMATION GTA TRAILER RENTALS INC. MAY REQUIRE AT ANY TIME RELATIVE TO THIS APPLICATION FROM EACH SOURCE TO WHICH GTA TRAILER RENTALS INC. MAY APPLY AND EACH SUCH SOURCE IS HEREBY AUTHORIZED TO PROVIDE GTA TRAILER RENTALS INC. WITH SUCH INFORMATION.</p>	
SIGNATURE: _____	DATE: _____