Online Fleet Application

Please fill out all information and fax to $(519)\ 746-4765$. Allow 24 Hours for a reply.

Signature:			
Phone Number of Bank:() -			
Bank and Branch:			
			_
			_
Major Suppliers:		Phone Numbers:	
	I		
Name of Principle(s)/Owner(s):		Position:	
Limited Company:			
Type of Business: Proprietorship Partnership			
Billing Address:			
Contact Name: Phone Number: () -			
Contact E-Mail: Company Name:			
Date:			



Extra Instructions: