

NEW CUSTOMER REGISTRATION FORM

Please Fill Out and Return by Fax, in Person or by Email - This is Not a Credit Application

Please select a branch nearest to you:

<input type="checkbox"/> KITCHENER	<input type="checkbox"/> CAMBRIDGE	<input type="checkbox"/> GUELPH	<input type="checkbox"/> GODERICH	<input type="checkbox"/> BURLINGTON	<input type="checkbox"/> HAMILTON
48 Ardelt Avenue	120 McGovern Drive	405 Laird Road	33910 Airport Road	5280 South Service Road	2 Arrowsmith Road

To be signed by Company Owner / Officer / Manager:

Last Name:		First Name:		Middle Initial:	
Job Title:					
Company Name or Corporation No:					
Address:			City:		Province:
Postal Code:	Phone Number:	Are you an owner operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes - Main Carrier you transport for?	
Fax Number:	Cell Number:	Can we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:		We will use your email address to send you emails about our current promotions, upcoming events and service related information. We value our customer's privacy and we will not share your contact information. You will have the option to opt-out of our mailers at any time.			

Company Fleet:

Fleet Manager: (Last Name, First Name)		Email Address:		Can we contact them by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Manager: (Last Name, First Name)		Email Address:		Can we contact them by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Trucks Owned and Operated:	Number of Trailers Owned and Operated:	Vehicle Class: (Select all that apply)			
		<input type="checkbox"/> Class 5 <input type="checkbox"/> Class 6 <input type="checkbox"/> Class 7 <input type="checkbox"/> Class 8 <input type="checkbox"/> Bus			
Vehicle Make: (Select all that apply)					
<input type="checkbox"/> International	<input type="checkbox"/> Freightliner	<input type="checkbox"/> GMC	<input type="checkbox"/> Hino	<input type="checkbox"/> Kenworth	
<input type="checkbox"/> Mack	<input type="checkbox"/> Peterbilt	<input type="checkbox"/> Sterling	<input type="checkbox"/> Volvo	<input type="checkbox"/> Western Star	
<input type="checkbox"/> Other (Please Specify):					
Vocation / Truck Application: (Select all that apply)					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Construction	<input type="checkbox"/> Emergency	<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Freight / Moving / Storage	
<input type="checkbox"/> Government/Agency	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Leasing	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Utility	
<input type="checkbox"/> Waste Collection	<input type="checkbox"/> Wholesale / Retail	<input type="checkbox"/> Trailers	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Other	

At Altruck, we value our client's privacy and we will not share your information with any 3rd party. The information collected in this form will be used to setup a customer profile and will help us better serve your needs by tracking service records and C.O.D purchases facilitating returns & warranty claims. By giving us consent to contact you by email, we will send emails about our current promotions, upcoming events and service related messages. You will have the option to opt-out of our mailers at any time.

Customer Signature: _____

Altruck Representative: _____

Print Name: _____

Title: _____

Date: _____