



TRUFACO APPLICATION FORM

| Applicant Information | | |
|---|---|--------------------------------------|
| First Name: | Middle Name: | Last Name: |
| Date of Birth (mm/dd/yyyy): | Phone No.: | Other No.: |
| Email address: | | Length of residence in current home: |
| Address: | | |
| City: | Province: | Postal Code: |
| Previous Address (if less than 2 years at current): | | |
| Co-Applicant Information | | |
| First Name: | Middle Name: | Last Name: |
| Date of Birth (mm/dd/yyyy) | Phone No.: | Other No.: |
| Email address: | | Length of residence in current home: |
| Address: | | |
| City: | Province: | Postal Code: |
| Previous Address (if less than 2 years at current): | | |
| Repairer ("Assignor") | | |
| Repairer Name: | Invoice #: | Repair Amount: |
| Address: | | |
| Assignee (or Agent of Assignee) | | |
| TRUFACO CANADA – 2197 Riverside Dr. Ottawa, ON M5G 1B1 Ph: +1 (844) 448-1500 Fx: (+1) (866) 300-1415 Em: info@trufco.com | | |
| Vehicle Description (the "Vehicle") | | |
| Year: | Make: | Model: |
| Odometer Reading: | | Vehicle Color: |
| Vehicle Identification Number (V.I.N.): | | License Plate: |
| Insurance Company: | | Policy Number: |
| Miscellaneous | | |
| Personal Reference: | Reference Phone No.: | |
| Personal Reference: | Reference Phone No.: | |
| Are you under bankruptcy protection? <input type="checkbox"/> YES <input type="checkbox"/> NO | Self Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Employment" below if YES) | Company Name: | |
| Employment | | |
| Employer Name: | | Length of employment time: |
| Employer Contact Name: | Phone No.: | |

I, the undersigned, consent to the collection and use of my personal information by TRUFACO and/or its third-party service providers in respect of a repair loan. By applying, I agree to TRUFACO's Wireless Policy, Privacy Policy and Terms & Conditions outlined in the repair loan agreement and on TRUFACO's website. I further acknowledge that I must receive authorization from TRUFACO for all work/repair performed by the repairer. I am fully responsible for payment of any repairs until I sign a contract for a repair loan with TRUFACO. I certify that the information on this form is true and complete and that the information on this form shall supersede information previously provided. I understand that if I knowingly make a false statement or misrepresentation in the application or other document or willfully provide any false or misleading information, I plead guilty of offence and accept full liability for a fine or summary conviction.

Date (mm/dd/yyyy): _____

Signature: _____

Please sign where applicable, then fax or email this completed form to: TRUFACO at (613) 519-4408 or info@trufco.com .
 Should you have further questions concerning this application, please call (844) 448-1500.