



TRUFco APPLICATION FORM

Vehicle Description (the "Vehicle")		
Year:	Make:	Model:
Odometer Reading:	Vehicle Color:	Vehicle Identification Number (V.I.N):
License Plate:	Insurance Company:	Policy Number:
Is truck driving your main source of income: <input type="checkbox"/> YES <input type="checkbox"/> NO	What is the main route you drive? From where to where?	
Do you have a repair centre? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Repairer" below if YES)	When was the last time the vehicle was inspected by mechanic? (mm/dd/yyyy)	CVOR Number:
Repairer ("Assignor")		
Centre Name:	Phone:	Email:
Address:		
Estimate days to repair:	Estimate cost for the repair:	
What kind of repair do you require?		
Please provide 5 companies you are presently working with:		
Company name:	Contact Name:	Phone Number:
Company name:	Contact Name:	Phone Number:
Company name:	Contact Name:	Phone Number:
Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth (mm/dd/yyyy):	Phone No.:	Other No.:
Email address:	<input type="checkbox"/> I own a house <input type="checkbox"/> I rent	
Address:	Length of residence in current address:	
Previous Address (if less than 2 years at current):		
Monthly Income:	Driver License Number:	
Are you under bankruptcy protection? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Trustee" below if YES)	Did you ever file bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Trustee" below if YES)	
Trustee		
Bankruptcy File Number:	Trustee Name:	
Trustee Phone Number:	Trustee Email:	
Discharge Date:	Total Bankruptcy:	
Personal Reference:		
Name:	Phone No:	
Name:	Phone No:	
Do you have other employment? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Other Employment" below if YES)		



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Other Employment		
Employer Name:		Length of employment time:
Employer Contact Name:	Phone No.:	
Employer:	Phone:	
Job title:	Salary:	
Business Operation: <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Owner Operator (please fill out "Owner Operator" below if you are owner operator)		
Owner Operator		
Company Name:		Business Number:
Company Address:		
How long have you been in business?		How many trucks do you have in your fleet?
How many full-time employees do you have?		Average monthly revenue:
Do you have Co-Applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO (please fill out "Co-Application" below if YES)		
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):		

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 (613) 519-4400.