



ADDITIONAL MOTOR CARRIER FOR-HIRE INFORMATION

1. Entity Name: _____

Address: _____

City: _____

24 Hour Telephone Number(s): _____

Fax Number: _____

2. Do you accept any of the following:
(Please check those methods of payment acceptable)

Cash: _____ Personal Check: _____ Business Check: _____

Visa: _____ Master Card: _____ American Express: _____

Discover: _____ Any other cards accepted (list): _____

3. Are you affiliated with any of the following:
(Please place a check mark where appropriate)

AAA: _____ Emergency Road Service: _____

All State Motor Club: _____ GM Roadside Service: _____

Any Other Club or Roadside Service Plan (List): _____

4. Do you provide 24-hour service for minor repairs?
(Please place a check mark where appropriate)

Flat Tires: _____ Hoses: _____

Belts: _____ Any other services (List): _____

5. Do you have the capability to tow any of the following:
(Please place a check mark where appropriate)

Motorcycle: _____ Camper/RV: _____ Boat Trailer: _____

6. Do you have a Flatbed?

Yes: _____ No: _____

7. Do you have a secure storage area for the vehicles towed?

Yes: _____ No: _____

8. Please provide current rates charged and any other information regarding your services or equipment that would be useful for our records:

Signature of representative

Company name

Date