

INFORMATION REQUIRED

Complete Company Name:		
Physical Address:	Mailing Address:	
City:	City:	
State/Prov:	State/Prov:	
Country/Zip:	Country/Zip:	
Tel:	Fax:	Other (eg.;800):

Name(s) of principle director(s)
Include home address(es), social security #, date of birth and telephone number(s)
President:
Vice-President:
Secretary:
Treasurer:
Others:

Percentage of shares held by each director (total 100%)	
President:	
Vice-President:	
Secretary:	
Treasurer:	
Others:	
Name of authorized signing officer:	
Any partners domiciled in Mexico:	Declared Bankruptcy in the last 5 years:
# of yrs experience as driver:	# of yrs experience as administrator:

Financial Information	
Name of Bank:	
Address:	
Date of fiscal year end:	
Federal I.D. # (U.S. only):	G.S.T. # (Cdn only):

Miscellaneous Information:	
Insurance Agent (Name, Tel.)	
Number of Tanker Trucks	Number of Trucks, Vans, Mini Vans
Number of Tractors	Number of Buses
Number of Trailers and Semi-Trailers	
Commodities to be transported:	
Dangerous goods:	If yes, specify:
Do you hold permits in any other jurisdiction:	
If yes indicate permit(s) #:	