



# Municipal Solutions Truckfill Customer Registration Form



Customer ID (Assigned by Office): \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_

## Vehicle Information:

**Vehicle 1**

3 Digit Access # (Assigned by Office): \_\_\_\_\_

4 Digit Pin #: \_\_\_\_\_ Unit # / Driver Name: \_\_\_\_\_  
(Selected by customer - cannot be "0000")

Vehicle License Plate: \_\_\_\_\_ Capacity (m<sup>3</sup>): \_\_\_\_\_

**Vehicle 2**

3 Digit Access # (Assigned by Office): \_\_\_\_\_

4 Digit Pin #: \_\_\_\_\_ Unit # / Driver Name: \_\_\_\_\_  
(Selected by customer - cannot be "0000")

Vehicle License Plate: \_\_\_\_\_ Capacity (m<sup>3</sup>): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_