

CUSTOMER RELATIONSHIP FORM

Stayner Rental Limited
7685 County Road 91
P.O. Box 1090 Stayner, On. L0M 1S0
Phone: 705-428-0131 Fax: 705-428-0132
Email Address: staynerrental@bellnet.ca

Date: _____

THE INFORMATION FURNISHED BELOW WILL REMAIN CONFIDENTIAL

Name: _____

Phone Number: (_____) _____ Cell Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Home Address: _____

Mailing Address: _____

Delivery Address: _____

CREDIT CARD DETAILS

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card # _____

Expiry Date: _____ V Code # _____

Name on Credit Card: _____

DRIVERS LICENCE DETAILS

Driver's Licence Number: _____

Birth Date: _____

I/we make application for open terms and certify that the information given for the purpose of opening this account is true. I/we authorize verification of the above facts and information arising from thereof.

Signature of Applicant