Permitszon

OVERSIZE/OVERWEIGHT APPLICATION

Tel : 1(866) 800-4507 / (613) 800-7898 Email : permits@permitszon.com

CARRIER INFORMATION													
Legal Company	Name(s):					DI	ВА	:				
Address :				City:	City: State/Prov.:				Pos	Postal Code :			
Telephone : Email :						Contact Name :							
						1							
US DOT:							CVOR (Ontario, Canada) :						
BC Client # (BC, Canada) :						MVID (AB, Canada):							
					TRUCK	/ INIE	OPMATIO	NNI					
Unit #			Ye	ar	INOCK	TRUCK INFORMATION Make			Plate			State/Province	
Oint if												State): Formes	
Serial number													
# Axles (front + rear) : Truck Registered Weight :													
Truck registered with IFTA Yes No													
TRAILER INFORMATION													
Unit #			Ye	ar		Make			Plate			State/Province	
Serial Number : # Axles: GVRW :													
Load Description : Make : Serial :													
Length			Width			Height V			Veight Front ove		erhang Rear overhang		
Load													
Total													
	1		-										
Overweight			2				1						
Weight/axles		1			3		4		5		6		7
Axle Ratings Tire Ratings	1				3 3		4		5		6		7
Tire Sizes	1 Truck	k:		Trailer :	3			J.D:		Booster :			/
Spacings	1-2				3-4			4-5		5-6			7-8
			2-3						_		6-7		
Origin Address	:												
Destination Ad	dress :												
Effective Date State/Province			vince	Routes/Highway									
(mm/dd/yyyy) (ex : BC		(ex : BC)											

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Credit Card Authorization Form

Tel: 1(866) 800-4507 / (613) 800-7898 Email: permits@permitszon.com

Billing Address			
		(Street)	
	 (City)		(Postal Code)
Phone (Cell.):	Phone (Res.):		
Fax #:	Email:		
MasterCard #:		Expiry Date:	CVV :
VISA #:		Expiry Date:	CVV :
		y MasterCard/Visa for the purp s. This will be used for business	ose of paying any outstanding balance owing purposes only.
Terms and Conditions			
Note: Cancellation of permits Customers are responsible for p	is ultimately decided by the Agency permit cost that are denied cancellat uitszon by the purchases shall be dee	ion by the Agency(s), and all applicable	ation request are honored or guaranteed by the Agency.
Client's agent, empowering Per full financial obligation for all o accuracy of permits once received	mitszon to purchase OD/OW permit OD/OW permits ordered through Pe ved from Permitszon. Client will rec	s and related items from authorized fec ermitszon and associated service fees eive invoices from Permitszon itemizin	to as Client, do hereby authorize Permitszon to act as the leral, state, and local transportation offices. Client assumes billed by Permitszon. Client assumes full responsibility for g all transactions which will include the appropriate billing 4%) convenience fee will be added for all credit card orders.
all services and OD/OW permits	s ordered for the Client by Permitszo		ever, both parties are bound by terms stipulated herein for tive successors and permitted assigns.
I agree and accept the rates and	d terms as stated above.		
Date :	Authorization name :	Authoriz	ration signature