



Name Of Business* Email* Phone Number*

Business Type

- Individual Corporation LLC Partnership Joint Venture
 Others (Describe)

If Others, Please Describe

Location Address – If more than 1 location, include all location addresses below

Years In Business

State DOT # ICC # TDLR # Federal Employer ID #

Do you work with auto club companies such as AAA

- YES NO

Are you involved in any repossession- voluntary or involuntary?

- YES NO

Select Types of towing performed

- Private Passengers Commercial Trucks Tractor/Trailer Rigs
 Others (Describe)

If Others Describe

Do you store/impound vehicles? What is your lot security?

- YES NO NONE FENCE & GATE POST & CABLE IN BUILDING OTHER

Do you transport more than two vehicles at a time?

- YES NO

Do you cross the state line?

- YES NO

Days Of Operation

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Hours of Operation

- 0-12 13-17 18-24

Are firearms kept on the premises?

- YES NO

Do you hay dogs on the premises?

- YES NO

Message

Comments? Enter Here.

Below please attach Vehicle List, Driver/Employee List, Loss Runs and other documents that you would like us to consider.