



28825 IH-10 West
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Application for Roadside Assistance

Items marked with an * are optional. All other fields are required.

COMPANY INFORMATION

Company Name _____ Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone 1 _____ Email _____
Phone 2* _____ Fax* _____

VEHICLE SPECS AND LOCATION INFORMATION

Asset Account No. _____ VIN _____
Year / Make / Model _____
Box Size _____ ft License Plate _____ State _____
Location Name _____ Hours of Operation _____
Street Address _____
City _____ State _____ Zip _____
Contact Person _____ After Hours Contact _____
Contact Phone _____ After Hours Phone _____
Contact Email* _____ After Hours Email* _____

PREFERRED REPAIR LOCATION

Repair Facility Name* _____ Facility Contact Name* _____
Facility Address* _____
City* _____ State* _____ Zip* _____
Facility Phone 1* _____ Facility Phone 2* _____

I have read the terms and conditions of this program and accept them in their entirety.
Print Name _____ Title _____
Signature _____ Date _____