



**APPLICATION FOR MPI REGISTERED ACCOUNT NUMBER (RAN)**

(Completed by MPI Staff – RAN: \_\_\_\_\_)

**Legal Business Name (Full Legal Name) (including 'operating as - o/a' and/or business number if relevant):**

\_\_\_\_\_

**Business Address (Physical location of business):**

Street #/Street Name: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than above):**

P.O. Box # and Rural Route # (if relevant): \_\_\_\_\_

Street #/Street Name: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Main Email Address of Business:** \_\_\_\_\_

**Business Phone # (include Area Code):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Fax # (include Area Code):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is Business Incorporated:      Yes      No

Business License Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ GST Number: R \_\_\_\_\_

**Signing Officer(s) of Business:**

Person's Name	Job Title	E-Mail Address	Work and/or Cell #
_____	_____	_____	_____
_____	_____	_____	_____

**Type of Business Application is for: (Choose ONLY boxes that are applicable to this NEW Application Form):**

Autobody

Frame

Glass

Commercial Body

Commercial Frame

Mechanical

RV

Dealer (for Loss of Use/U-drive rental ONLY)

Motorcycle

Towing:

Storage Only

Towing

Storage – Open Lot

Storage – Secured Lot

Specialty (Other):

Paintless Dent Repair

Remediation

Exterminator

ATV / ORV

Signing that the above information is true and correct:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_