

RENTAL CAR INSURANCE REQUEST

PLEASE SIGN AND COMPLETE THE FOLLOWING APPLICATION AND FAX TO: 204-888-9373

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER/EMAIL ADDRESS*: _____

* THIS IS WHERE THE RENTAL CAR INSURANCE POLICY AND RECEIPT WILL BE SENT.
PLEASE NOTE THIS APPLICATION IS **NOT** THE RENTAL CAR INSURANCE POLICY.

MPI CUSTOMER NUMBER/DRIVER'S LICENCE NUMBER: _____

PLEASE ISSUE ME A RENTAL CAR INSURANCE POLICY FROM:

DATE OF PICK-UP (MMM/DD/YYYY): _____

DATE OF DROP OFF (MMM/DD/YYYY): _____

WHERE ARE YOU PICKING UP THE RENTAL? (PLEASE CIRCLE): WINNIPEG / CANADA / USA

X _____

SIGNATURE OF CUSTOMER

DATE: _____

PAYMENT: VISA / MC

CARD NUMBER: _____ CARD EXPIRY: ___ / ___

CARDHOLDER SIGNATURE: _____