Market Your Car Inc.



Tel: (416) 907-3579 | Fax: 1-888-428-8541 driversupport@marketyourcar.com www.marketyourcar.com

Additional Information Form

Driver Information

Signature

Name:			Name:	
Drivers License Number:			Drivers License Number:	
Insurance Company:			Insurance Company:	
Insurance Policy Number:		7	Insurance Policy Number:	
Do you have any criminal convictions that you have not been pardoned for?	Yes	☐ No	Do you have any criminal convictions that you have not been pardoned for?	Yes No
Have you had any tickets issued to you in the past 3 years?	Yes	☐ No	Have you had any tickets issued to you in the past 3 years?	Yes No
Have you been involved in any accidents in the past 5 years?	Yes	☐ No	Have you been involved in any accidents in the past 5 years?	Yes No
Occasional Driver			Occasional Driver	
Name:			Name:	
Drivers License Number:			Drivers License Number:	
Insurance Company:			Insurance Company:	
Insurance Policy Number:			Insurance Policy Number:	
Do you have any criminal convictions that you have not been pardoned for?	Yes	☐ No	Do you have any criminal convictions that you have not been pardoned for?	Yes No
Have you had any tickets issued to you in the past 3 years?	Yes	☐ No	Have you had any tickets issued to you in the past 3 years?	Yes No
Have you been involved in any accidents in the past 5 years?	Yes	☐ No	Have you been involved in any accidents in the past 5 years?	Yes No
le Information				
Year: Make:	Model:		Color: Odome	ter Reading:
cense Plate Number:	VIN Number:			
re you considering selling or trading in your vehicl	e in the nea	r future?	Yes No	
your vehicle lease ending soon and do you plan o	n returning	the vehicle?	Yes No	
oes your vehicle have any physical exterior damag	e? If so plea	se describe?	Yes No	

Date