APPLICATION

N.H. TOWING ASSOCIATION

P.O. Box 4049
Concord, NH 03302-4049

Date:_____

Company Name: _____

Street:_____

City or Town: _____Zip: _____

Business Phone: _____ Fax:_____ Email: _____

Contact Person: _____

Certification Held: _____

List equipment available:

____ 1 Ton Wrecker	____ Medium Duty Wrecker	____ Heavy Duty Wrecker
____ 1 Ton Carrier	____ Medium Carrier	____ Heavy Carrier
____ Wheel Lift	____ Underreach	____ Air Bags
____ HAZ MAT Unit	____ Scuba Equipment	____ Other Speicalty Equipment

Type of Payment: Check____ Cash ____ Credit Card ____ Complete Online with PayPal_____

❑ VISA ❑ MasterCard Credit Card Number | | | | | | | | | | | | | | | | CVC | | |

3 digit # found on back of card

Signature Card Exp. Date _____

Date _____ Year of Membership_____

Remit within 30 days