

TVC MEMBERSHIP APPLICATION

TVC Pro-Driver® and Subsidiaries
PRINT ONLY

Social Security Number/Social Insurance Number (MUST be filled out)

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Enrollment Date ____/____/____ Time ____ am/pm
Mo Day Yr

Pre-Existing Period Ends ____/____/____
Mo Day Yr

Name _____
Last First Middle

DOB _____ DL# _____ ST _____

Email: _____

Mailing Address _____

City _____ State/Prov. _____ Postal Code _____

Country: _____ Phone: Area Code () _____

Benefits pending application processibility and current member dues.

Employer _____

City and State _____

Dispatch 800 No. _____ TK/Code # _____

I hereby acknowledge that on the date hereof, I purchased this contract at:

City _____ State _____

Truck Stop (if applicable) _____

X _____
Signature of Applicant

Selling Associate No:

			-			-			
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Selling Associate Name: _____

X _____
Signature of Selling Associate

SELECT ONE OF THE TWO (2) PAYMENT OPTIONS BELOW

Please indicate initial payment option as well as continuing payment option.

1. Bank Draft AUTHORIZATION TO HONOR CHECKS OR ELECTRONIC TRANSFERS drawn by and payable for Premium/Bond Forfeiture, Pre-Existing fees, fines or other costs. I hereby authorize TVC PRO-DRIVER® of Oklahoma City, OK to charge/draft my checking account from the financial institution listed below. I agree that if any charge is dishonored, whether intentionally or inadvertently, TVC Pro-Driver® shall be under no liability whatsoever. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL TVC Pro-Driver® RECEIVES WRITTEN NOTIFICATION FROM ME REVOKING THE AUTHORIZATION. In the case of electronic funds transfer, we indemnify against the National Automated Clearing House and local clearing house rules. Furthermore, in the event that the information I have provided is incorrect or incomplete, I authorize my financial institution to provide TVC Pro-Driver®, the information necessary to successfully draft this account.

Bank Credit Union

Institution Name: _____

\$ _____

Address: _____

I wish to pay:

Initial Draft: ____ month(s) @ ____ + Pre Fee \$ ____ =

Monthly Draft: \$ _____ First Month Last Month
 Semi-Annual Draft: \$ _____

Annual Draft: \$ _____ Quarterly Draft: \$ _____

Checking Account

(Attach check from Acct. to be drafted)

Account No. _____

Institution Transit No

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Savings Account

X _____
SIGNATURE OF APPLICANT

2. Charge Card I hereby authorize TVC PRO-DRIVER® of Oklahoma City, OK to charge my credit card listed below for Premiums or costs, variously consisting of amounts for Bond Forfeiture, Pre-Existing fees, fines or other costs. I agree that if any charge is dishonored, whether intentionally or inadvertently, TVC Pro-Driver® shall be under no liability whatsoever. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL TVC Pro-Driver® RECEIVES WRITTEN NOTIFICATION FROM ME REVOKING THE AUTHORIZATION. Furthermore, in the event that the information I have provided is incorrect or incomplete, I authorize my credit card company to provide TVC Pro-Driver the information necessary to successfully charge my account.

MasterCard Visa AmEx Discover

I wish to pay:

Initial Charge: ____ month(s) \$ _____ + Pre Fee \$ _____ = \$ _____

First Month Last Month

Monthly Charge: \$ _____ Semi-Annual Charge: \$ _____

Annual Charge: \$ _____ Quarterly Charge: \$ _____

Card# _____

Exp. Date _____

X _____
Signature of Cardholder

Thank you for signing up for a membership with TVC Pro-Driver! By signing up for a TVC Pro-Driver membership and providing us with your cellular telephone number, you authorize TVC Pro-Driver to send you text messages that, for example, update you regarding benefits of membership or inform you regarding the status of a ticket. This consent is voluntary and not conditioned on your membership. It can also be revoked at any time by texting "STOP" upon receiving a TVC Pro-Driver text message or by notifying the home office.

***This enrollment application, your handbook, and your Member/Bond card, together constitute your membership contract.