



Sales & Marketing Department  
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## VIP TIRE STORAGE REGISTRATION

**Customer Name:**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Initial: \_\_\_\_\_

Company: \_\_\_\_\_

**Current Coast Tire Customer?**

Yes                  No

**Member of:**

CAA                  AIRMILES

**Address:**                  Home                  Work

Street & No.: \_\_\_\_\_

\_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Telephone:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Vehicle Information:**                  Personal                  Company

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Make: \_\_\_\_\_

Plate No.: \_\_\_\_\_

Model: \_\_\_\_\_

Fleet No.: \_\_\_\_\_

Colour: \_\_\_\_\_

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### Information Required from Coast Tire & Auto Service Location

MVI Due Date: \_\_\_\_\_

Licence Plate Due: \_\_\_\_\_

KM at Last Visit: \_\_\_\_\_

Oil Change Due: \_\_\_\_\_

Store: \_\_\_\_\_ Tag No.: \_\_\_\_\_

Employee: \_\_\_\_\_