2011 Calendar Submission Form

Customer Name:

Customer Contact name:

Truck Despcription: Model | Model Year | Color

Vehicle Identification No.:

Customer Address: Street

City | Province | Postal Code

Brief Narrative: (based on your Hino experience)

** Please complete Dealer information below, if you are a dealer submitting a photograph for a customer.

Dealer Name:

Dealer Contact Name:

Contact Number:

Email:

Please complete and return to **marketing@hinocanada.com** or fax to HMC **(905)670-3779**, attention Karman Chan.