

BILLING PROCEDURES

Business Name:

Address:

City:

State:

Zip:

Phone: () Ext.

Fax: ()

Federal Tax ID No.

Owner(s):

Payment Terms

Please attach a Blank check

Bank Name:

Address:

Name on Account:

Routing Number: Account Number:

**Initials _____
Dispatch Agreement**

Company Profile

What we need to do business and get you a load.

1. Copy of MC Authority Letter
2. Copy of your insurance certificate and a phone number for your insurance company.
3. Signed W-9 form.
4. Signed Contract for services.
5. Signed Credit Card authorization for billing.
6. Company profile completed.
7. Your factoring company's name, address, and contacts phone number (NOTICE OF ASSIGNMENT)

Please complete the following information so that we may better serve you.

You will receive an invoice faxed to the location your located; you pay only the amount of the invoice no hidden charges.

Company's Name: _____

Address: _____ City: _____

_____ State: _____ Zip: _____

Company Phone: _____ Company Fax: _____ Cell

Phone Number: _____

Pay by Credit Card:

Credit Card Number: _____ Card Type (Visa,etc) _____

CSV Code (3-Digits): Located On Back _____

Credit Card Billing Address:

_____ City: _____

_____ State: _____ Zip: _____

Insurance Company Contact Information:

Name: _____ Company: _____ Phone: _____

Address: _____ City: _____


_____ State: _____ Zip: _____

Factoring Company's Name:

Name: _____ Company: _____ Phone: _____

Address: _____ City: _____

_____ State: _____ Zip: _____

 All service fees are collected at time of completed transactions.

Initials _____