



Customer Profile

COMPANY NAME: _____

Years in Business: _____

MAILING INFORMATION

Street: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Physical Address (if different from above)

Street: _____

City, State, Zip: _____

BILLING INFORMATION

1. Account Contact Information

Name: _____

Email: _____ Phone Number: _____

2. Preferred Payment Method (check one)

Check ACH Wire Other _____

3. Documents Required with All Invoices (check all that apply)

BOL POD Scale Ticket Other _____

Customer Profile

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4. Other Billing Information?

5. Payment Terms

Number of days: _____

THIS FORM WAS COMPLETED BY

Name: _____ Title: _____

Signature: _____ Date: _____