

DEBTOR INFORMATION

Legal Name of Company Liable for Debt: _____

dba or Other Names: _____ DUNS #: _____

Physical Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Toll-Free: _____ Fax: _____

Company Website Address: _____

REMITTANCE – Please provide an email address or fax number to which freight bills should be submitted.

Email: _____ Fax: _____

Only complete mailing address below if email or fax is not desirable for freight bill remittance

Billing Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

ACCOUNTS PAYABLE CONTACT

Name: _____ Email: _____

Phone: _____ Fax: _____

BILLING REQUIREMENTS

Proof-of-Delivery Required? _____ Pallet Exchange? _____ Pallet Cost: _____

What commodities do you ship? _____ Do you reimburse handling charges? _____

Maximum Value of Cargo? _____ Average Value of Cargo? _____

Special Billing or Invoice Instructions: _____

Printed: _____ Date: _____