

MTSi

CUSTOMER INFORMATION SHEET

(All items have to be completed to avoid delays)

Company & Contact Information:

Name of Company: _____

Type of Company (circle one): Corporation - Partnership - LLC - Sole Proprietor

Corporate Info: Name of President _____

Name of Sec/Tres _____

Primary Contact: _____

Position (circle one): Owner - Manager - President - Other

Company Mailing Address: _____

(Street or P.O. Box) (City) (County) (State) (Zip Code)

Physical/Overnight Address: _____

(Street or P.O. Box) (City) (County) (State) (Zip Code)

Phone Numbers _____

Office/Home Telephone Fax Number Mobile Phone

Company Federal Tax ID# _____ 1CC MC# _____

Primary Contact Soc. Sec. # _____ USDOT# _____

Prorate Acct# _____ IFTA Acct# _____

Authority-Exempt: _____ FHWA (ICC) Contract: _____ FHWAQCC) Common: _____ Owner/Oper: _____

List of Commodities Hauled: _____

Insurance Agency _____

Insurance Agent Name: _____

Agent's Phone # _____ Fax#: _____

Insurance Agency Address: _____

(Street or P.O. Box) (City) (County) (State) (Zip Code)

Insurance Policy Expiration Date(s) _____

Insurance Carrier (not Agency) _____

Would you like **MTSi** to open your IFTA account? —) Yes —)No

Would you like **MTSi** to do your fuel tax reporting? —) Yes —)No

Referred By: _____