

Fastrax New Company Setup Form

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Company Phone	<input type="text"/>	Insurance Carrier & Number:	
EIN	<input type="text"/>		
DOT Number	<input type="text"/>		
IFTA: Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Accounts Payable Contact	<input type="text"/>		
Phone	<input type="text"/>		
Email	<input type="text"/>		
Billing Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

Primary Credit Card			
Name on Card	<input type="text"/>		
Card Type	<input type="text"/>		
Card Number	<input type="text"/>		
Expiration Date	<input type="text"/>		
CVV	<input type="text"/>		
Card Billing Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

Secondary Credit Card			
Name on Card	<input type="text"/>		
Card Type	<input type="text"/>		
Card Number	<input type="text"/>		
Expiration Date	<input type="text"/>		
CVV	<input type="text"/>		
Card Billing Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>

Invoicing Terms	<input type="checkbox"/> Credit Card 3% Processing Fee	<input type="checkbox"/> ACH
	<input type="checkbox"/> Due on Receipt, paid with Credit Card/ACH	
	<input type="checkbox"/> Due on Receipt, approval required, paid Credit Card/ACH	
	<input type="checkbox"/> Net 30, paid by Check or ACH	

Please attach cab card(s) or registrations showing state by state IRP apportionment for each vehicle you wish to permit.

Please provide the names, emails, and phone numbers for anyone who will be ordering and/or receiving permits from us, including Accounts Payable and Accounts Receivable.

Name Phone:

Email:

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