

# Fastrax New Company Setup Form

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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	No	Invoicing terms	<input type="radio"/> Due upon receipt (charged to CC on file) with out approval-Preferred <input type="radio"/> Due upon receipt (charged to CC on file) after approval <input type="radio"/> Net 30 payable by check

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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"/>

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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"/>

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Secondary Credit Card			
Name on Card	<input type="text"/>		
Card Type	<input type="text"/>		
Card Number	<input type="text"/>		
Experation 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"/>

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Office Use Only	<div style="background-color: #cccccc; height: 100px;"></div>
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**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:

Name Phone:

Email:

Name Phone:

Email:

Name Phone:

Email:

Name Phone:

Email:

Name Phone:

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Name Phone:

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