



NEW ACCOUNT SET-UP

Bill-To Location:

Location Name _____

Location Address _____

Location Phone Number _____

Location Fax Number _____

Location Contact Name _____

Location Contact's Direct Phone Number _____

Location Contact's E-mail Address _____

Accounts Payable Information:

Accounts Payable Address _____

Accounts Payable Phone Number _____

Accounts Payable Fax Number _____

Accounts Payable Contact Name _____

Accounts Payable Contact's Direct Phone Number _____

Accounts Payable Contact's E-mail Address _____

Payment Method: (circle one → insure proper form is complete & attached)

Check

Credit Card

ACH

Wire

EDI

Set up by: _____ Date: _____

Headquarters: 4950 Triggs St. Commerce, CA. 90022 Phone: (323) 269-3033 Fax: (323) 881-4348

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