

MTSi
Customer Information Sheet

Company and Contact Information:

Company Number / Name: _____

Type of Company: CORPORATION _____ PARTNERSHI _____ LLC _____ SOLE PROPRIETOR _____

Corporate Info: Name of President: _____

Name of Sec/Treas _____

Primary Contact: _____ Position: Owner Manager President Other

Mailing Address: _____
(Street or PO BOX) CITY STATE ZIP

Physical Address: _____
(Physical) City State Zip

County: _____ Inside/Outside City Limits: _____

Phone Numbers: _____
Phone Fax Number Cell

FEIN: _____ Name FEIN in: _____

Primary SSN: _____ Primary DLN: _____

US DOT#: _____ MC Number: _____

IRP Acct(s): _____ IFTA Acct: _____

List of Commodities hauled: _____

Insurance Information:

Agency Phone# Fax#

(Street or PO Box)

City State Zip County

Tax Reporting:

Would you like MTSi to open your IFTA account? Yes: _____ No: _____

Would you like MTSi to do your Fuel Tax Reporting? Yes: _____ No: _____

Would you like MTSi to do your Quarterly Reporting KY: _____ NM _____ NY: _____ OR: _____

Beginning Date: _____ QTER: _____ YEAR: _____

Referred By: _____