



12383 Lewis Street, Suite 200
 Garden Grove, CA 92840
 Phone: (714) 621-3200
 Fax: (714) 748-0226

New Client Information Form

Company Name* _____
 (From Corp / LLC Documents or Fictitious Business Name Statement)

Business Address* _____
 City State Zip Code

Mailing Address _____
 (If Different From Bus Address) City State Zip Code

Terminal/Garaged Address _____
 (If Different From Bus Address) City State Zip Code

Contact Name* _____
 Cell Phone Number _____
 Business Phone Number _____
 Fax Number _____
 E-Mail Address (Recommended) _____

Federal and State Information*
 IRS (TIN#): _____ DMV/IRP Acct#: _____
 Federal DOT#: _____ FMCSA Authority (MC#): _____
 CA# / PSG#: _____ CA BE (IFTA 59#): _____

Bank Info (Required for IFTA Acct) Name: _____ City _____ Acct# _____

Business Entity*
 Corporation Corp#: _____ Date Filed: _____ State Filed: _____
 LLC LLC#: _____ Date Filed: _____ State Filed: _____
 Partnership _____
 Owner _____

Name, Title (Pres, VP, Sec, Member, Manager, Partner or Owner), Social Security#, _____
 Name: _____ Title: _____
 SS#: _____ SS#: _____

Drivers License & State Issued*
 Drivers License#: _____ Drivers License#: _____
 State DL Issued: _____ State DL Issued: _____

Insurance Company Name* _____
 Agent / Contact Name* _____
 Phone Number* _____
 Fax Number* _____

Equipment Qty # of Trucks/Tractors: _____ # of Trailers: _____ # of Buses: _____

Type of Operation* (Check All That Apply)
 Haul For Hire Private Carrier Owner/Operator
 Rental/Leasing Bus Charter
 Household Goods Produce Grain
 Livestock Logs Ore
 One Way Fleet Regular Route Other _____

Specify Commodities Carried: _____

