

West Consult

Your trusted partner for ticket resolution and business setup—simplifying challenges, maximizing opportunities

Establish IFTA Account

Company Information:	
COMPANY NAME:	
_	ORATION LLC CORPORATION LLC SINGLE MEMBER
PRESIDENT'S FIRST AND LAST NAME:	
PRESIDENT'S SOCIAL SECURITY NUMBER:	
ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:
MC DOT NUMBER:	FEIN NUMBER:
Required Documents: You must provide a minimum of three cinitial IFTA application. Refer to the list be	address verification documents when submitting your below for acceptable document types:
 A valid driver's license A recent property tax receipt A bank statement showing your nare A utility bill (e.g., gas, electric, water A lease agreement along with a pay A credit card statement Other official documents that clearly 	r, internet, etc.)** yment receipt**
Payment Information:	
CREDIT CARD NUMBER:	
NAME ON CARD:	
EXPIRATION DATE: C'	VC CODE: BILLING ZIP CODE: