

## **West Consult**

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

## **Establish IFTA Account**

<b>Company Information:</b>		
COMPANY NAME:		
S CORP LLC PAR	CORPORATION	LLC CORPORATION LLC SINGLE MEMBER
PRESIDENT'S FIRST AND LAST	NAME:	
PRESIDENT'S SOCIAL SECURIT	Y NUMBER:	
ADDRESS:		
PHONE NUMBER:		EMAIL ADDRESS:
MC DOT NUMBER:		FEIN NUMBER:
Required Documents:		
-		s verification documents when submitting your or acceptable document types:
<ul> <li>A valid driver's license</li> <li>A recent property tax red</li> <li>A bank statement showi</li> <li>A utility bill (e.g., gas, ele</li> <li>A lease agreement along</li> <li>A credit card statement</li> <li>Other official documents</li> </ul>	ng your name and ectric, water, interne g with a payment r	et, etc.)** receipt**
Payment Information:		
CREDIT CARD NUMBER:		
NAME ON CARD:		
EXPIRATION DATE:	CVC COD	DE: BILLING ZIP CODE: