



New Client Sign-Up Form

Please carefully read applicant terms, information must be complete. This will allow NDC Billing Department to provide proper service. All Invoices are due upon receipt. Any late charges incurred may not be waived and are to be paid in full.

Contact Information

First Name:

Sumit

Last Name:

Patel

Phone No:

8945734989843

Email:

vedprakashyadav182001@gmail.com

Company Information

Company Name *

Meesho

USDOT# *

234

Contact Number *

09984947318

Company E-mail *

Meesho@gmail.com

Safety Agency Name

12

No. of Employees/Drivers *

4

Address Information

Street Address

IIT KHARAGPUR

City

WEST MIDNAPORE

Postal / Zip Code

721302

Suite/Apt/Unit#

1

State / Province

West Bengal

Credit Card Information

Card Number

43434343434434

Expiry Month

6

Expiry Year

2027

CVV

434

Billing Zipcode

721302



I authorize Nationwide Drug Centers to electronically debit my bank account according to the Business name to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law. This payment authorization is to remain in effect until I, **AL ROYAL TRUCKING INC**, notify Nationwide Drug Centers of its cancellation by giving written notice in enough time for the Business name business and receiving financial instruction to have a reasonable opportunity to act on it.

ECheck ACH

Account Number

43690875693

Routing Number

998457643

Account Name

Sumit Patel

Account Type

Checking

Signature

A handwritten signature in black ink, appearing to read 'Sumit Patel', is written over a light blue horizontal line.