



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:

Chitti

Last Name:

Akhil

Phone No:

8450948590

Email:

Chitti1@gmail.com

Company Information

Company Name *

ChittiTestingTeam6

USDOT# *

234

Contact Number *

9984947378

Company E-mail *

chitti@gmail.com

Safety Agency Name

Test

No. of Employees/Drivers *

0

Address Information**Street Address**

200 commerce

City

denver

Postal / Zip Code

80202

Suite/Apt/Unit#

I

State / Province

NY

Credit Card Information

Card Number

4587478497597843

Expiry Month

8

Expiry Year

2031

CVV

234

Billing Zipcode

80202



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

998457641

Account Name

Ved Prakash

Account Type

Consumer

Signature

A handwritten signature in black ink, appearing to be 'Ved Prakash', written in a cursive style.