



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:

Ved

Last Name:

Prakash

Phone No:

09984947318

Email:

vedprakash182001@gmail.com

Company Information

Company Name *

IIT Kharagpur

USDOT# *

1

Contact Number *

09984947318

Company E-mail *

vedprakash182001@gmail.com

Safety Agency Name

Meesho

No. of Employees/Drivers *

1

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

8787584783747888

Expiry Month

5

Expiry Year

2027

CVV

342

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

4369087569

Routing Number

998457643

Account Name

Ved Prakash

Account Type

Business

Signature

A handwritten signature in black ink, appearing to read 'Ved', is written below the 'Signature' heading.