



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:

Neeraj

Last Name:

yadav

Phone No:

9711264576

Email:

suraj@gamil.com

Company Information

Company Name *

upcs

USDOT# *

1

Contact Number *

9711264576

Company E-mail *

neerajyadav_ee22b17_27@dtu.ac.in

Safety Agency Name

1

No. of Employees/Drivers *

1

Address Information

Street Address

RC-241

City

Ghaziabad

Postal / Zip Code

201309

Suite/Apt/Unit#

1

State / Province

AZ

Credit Card Information

Card Number

4444555555555555

Expiry Month

4

Expiry Year

2027

CVV

123

Billing Zipcode

201309



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

12345678909

Routing Number

121212121

Account Name

lala

Account Type

Saving

Signature

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke.