



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:

9984947318

Email:

vedprakash34@gmail.com

Company Information

Company Name *

Nationwide Drug Center

USDOT# *

234

Contact Number *

9984947318

Company E-mail *

vedprakash182001@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#

9475934

State / Province

AL

Credit Card Information

Card Number

4444555555555555

Expiry Month

5

Expiry Year

2028

CVV

121

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

43543545682

Routing Number

998457641

Account Name

Ved Prakash

Account Type

Saving

Signature

A handwritten signature in black ink, consisting of a stylized 'V' followed by a horizontal line and a vertical line.