



# 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.

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## Contact Information

**First Name:**

Neeraj

**Last Name:**

Gartia

**Phone No:**

658457862

**Email:**

Neeraj@gmail.com

## Company Information

**Company Name \***

Microsoft

**USDOT# \***

856842

**Contact Number \***

8659424985

**Company E-mail \***

microsoft@gmail.com

**Safety Agency Name**

8676

**No. of Employees/Drivers \***

5

**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**

5454545454545454

**Expiry Month**

6

**Expiry Year**

2030

**CVV**

454

**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**

43543545

**Routing Number**

998457644

**Account Name**

Ved Prakash

**Account Type**

Checking

### Signature

A handwritten signature in black ink, appearing to read 'Ved Prakash', written over a light blue horizontal line.