

## CUSTOMER ACCOUNT APPLICATION

Welcome to MODE! Thank you for the opportunity to establish an account for your organization and address your transportation needs. Providing the requested information below helps us ensure that we partner with you in the onboarding process and confirm correct setup to meet your billing needs.

Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

Billing Information (if different from above):

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Billing Phone: \_\_\_\_\_ Billing Email: \_\_\_\_\_

**Business Type:**  Corporation State Incorporated: \_\_\_\_\_  LLC  Other: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
 MC #: \_\_\_\_\_ DOT #: \_\_\_\_\_ NAICS Code: \_\_\_\_\_  
 Estimated # of Monthly Loads: \_\_\_\_\_ Load Commodity: \_\_\_\_\_

**CONTACTS:**

Controller/CFO: _____	Phone: _____	Email: _____
President/CEO: _____	Phone: _____	Email: _____

**Corporate or Parent Company Headquarters** (if different than above):

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Contact: \_\_\_\_\_

**Invoice Delivery Method:** (please indicate one preferred method of receiving invoices promptly)

<input type="checkbox"/> <b>Email</b>	Primary Email Address: _____ Additional Email Address: _____ Additional Email Address: _____
<input type="checkbox"/> <b>EDI</b>	EDI Contact (Name): _____ Phone: _____ Email Address: _____ <input type="checkbox"/> Load Tenders <input type="checkbox"/> Invoice Payment
<input type="checkbox"/> <b>Mail</b>	Billing Address: _____ City/State/Zip: _____
<input type="checkbox"/> <b>3<sup>rd</sup> Party Service Provider:</b>	_____

Please indicate documents or info required for optimal invoice processing:

**Required Support:**  Proof of Delivery  Bill of Lading  Customer Confirmation  Lumper Receipt  
 Customer Receipt  Scale/Weight  Accessorial Approval  Other: \_\_\_\_\_  
**Required on Invoice:**  PO #  Bill of Lading  Customer Reference Number  
 Special Billing Instructions: \_\_\_\_\_

