



Thoroughbred Direct Intermodal Services, Inc.  
5165 Campus Drive, Suite 400  
Plymouth Meeting, PA 19462  
877-250-2902

### New Customer Set Up Information

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Do Not Use P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Shipping Address: \_\_\_\_\_

Check Box if

Same as Above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Check Box if

Same as Above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Bill To Contact: \_\_\_\_\_

Has the company name or address changed in the past five years?

If yes, please provide Name/Address: \_\_\_\_\_

\_\_\_\_\_

Year Business Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Type of Ownership:

Corporation

Partnership

Sole Proprietorship

Total Revenue Last Fiscal Year: \_\_\_\_\_

Target Revenue Current Year: \_\_\_\_\_

If a Partnership or Sole Proprietor, list owners and titles:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Any misrepresentation in this form will be considered evidence of fraud since the information is the basis for extending credit. Thoroughbred Direct is hereby authorized to investigate the credit references and principles listed.

The undersigned represents that he/she has the authority to execute the credit agreement on behalf of the business identified.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

