



# Days to Pay Information

Name and Position of person completing form: \_\_\_\_\_

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

Authority number (if exempt, please list commodities): \_\_\_\_\_

Type of Business:      LLC      INC      Partnership      Sole Proprietorship      State of Incorporation: \_\_\_\_\_

Year Business Started/Incorporated: \_\_\_\_\_ President and/or Owner: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Yearly Volume (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Paperwork necessary for payment (i.e. BILL OF LADING (BOL), PROOF OF DELIVERY (POD), INVOICE, RATE CONFIRMATION):  
\_\_\_\_\_

Company payment policy (i.e. Net-30 Days upon receipt of required paperwork):  
\_\_\_\_\_

## References

Carrier References (Carriers that have hauled for you within the last year. We do not accept trade references, suppliers, carriers with inactive authority or carriers that are paid with quick pay payment methods.)

MC / DOT#: \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MC / DOT#: \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MC / DOT#: \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MC / DOT#: \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

MC / DOT#: \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and email to [dtp@truckstop.com](mailto:dtp@truckstop.com).



p: 208-272-9039 f: 208-906-1120

Truckstop.com     