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Melbourne (Quebec) JOB 2B0

NEW CARRIER

LEGAL NAME

[Text input field]

GROUP MEMBER

[Text input field]

ADDRESS

[Text input field]

IN BUSINESS SINCE

[Text input field]

PHONE

[Text input field]

FAX

[Text input field]

EMAIL

[Text input field]

G.S.T

[Text input field]

P.S.T.

[Text input field]

N.I.R.

[Text input field]

OWNER (S)

NAME

[Text input field]

PERMIT

#SVI

[Text input field]

SCAC#

[Text input field]

USDOT#

[Text input field]

CTPAT #

[Text input field]

MC #

[Text input field]

BUYER

Name

[Text input field]

Email (P.O. confirmation)

[Text input field]

FINANCIAL INSTITUTION

Name

[Text input field]

Address

[Text input field]

Phone

[Text input field]

Fax

[Text input field]

Email

[Text input field]

Account

[Text input field]

Contact

[Text input field]

****MUST PROVIDE INSURANCE WITH RPM AS CERTIFICATE HOLDER****

FOR OFFICE USE ONLY

Independent account

[checkbox]

Price list

[checkbox]

Limit

[Text input field]

RPM representative

[Text input field]

Approbation

[Text input field]

Date

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CREDIT REFERENCES

NAME _____

ADRESS _____

CONTACT _____

PHONE _____ FAX _____ EMAIL _____

NAME _____

ADRESS _____

CONTACT _____

PHONE _____ FAX _____ EMAIL _____

NAME _____

ADRESS _____

CONTACT _____

PHONE _____ FAX _____ EMAIL _____

ANNUAL SALES VOLUME EXPECTED _____

SIGNATURE OF THE DESIGNATED REPRESENTATIVE _____

DATE _____