** Customer Information Form**

Company Legal Name SCAC

Physical Address City State ZIP

**Mailing Address City State ZIP**

Dispatch Contact Email

Phone # Fax #

Email

Other Contact Email

Phone # Fax #

Email

Accounts Payable Email

Phone # Fax #

Accounts Receivable Email

Phone # Fax #

**Email where billing invoices are to be sent**

**Documents required for billing**

EIN #

**NOTE: All invoices including backup documentation will be sent email. Please ensure a valid billing email address is included above.**

Thank you for completing the information above.

Please return with a copy of your completed W9.

Rail Direct Transportation Co

Ph (757) 398-8600

Fax (757) 398-8700