



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