

12383 Lewis Street, Suite 200 Garden Grove, CA 92840

Phone: (714) 621-3200

New Client Information Form

Company Name*					
	(From Corp / LLC Documents or Fictitious Business Name Statement)				
Business Address*					
	City	State	Zip Code		
Mailing Address					
(If Different From Bus Address)	City	State	Zip Code		
Terminal/Garaged Address					
(If Different From Bus Address)	City	State	Zip Code		
Contact Name*					
Cell Phone Number					
Business Phone Number					
Fax Number					
E-Mail Address (Recommended)	-				
Federal and State Information*	IRS (TIN#):	DMV/IRP Acct#	:		
	Federal DOT#: FMCSA Autho				
	CA# / PSG#:	CA BE (IFTA 59‡	‡):		
Bank Info (Required for IFTA Acct)	Name:		City	Acct#	
Business Entity*	Corporation Co	rp#:	Date Filed:	State Filed:	
	LLC LLC	C#:	Date Filed:	State Filed:	
	Partnership				
	Owner				
Name, Title (Pres, VP, Sec,	Name:		Name:		
Member, Manager, Partner or	Title:		Title:		
Owner), Social Security#,	SS#:		SS#:		
Drivers License & State Issued*	Drivers License#: State DL Issued:		Drivers License#: State DL Issued:		
	State DL issued.		State DL Issueu.		
Insurance Company Name*					
Agent / Contact Name*					
Phone Number* Fax Number*					
rax Number					
Equipment Qty	# of Trucks/Tractors:	# of Trailers:	# of Buses	::	
Type of Operation*	Haul For Hire	Private Carrier	Owner/Op	perator	
(Check All That Apply)	Rental/Leasing	Bus		Charter	
	Household Goods	Produce		Grain	
	Livestock	Logs	Ore		
	One Way Fleet	Regular Route	Other		
	127 11223	-0			
Specify Commodities Carried:					

Services You Would Like OTG to Provide For Your Business

Please Select All That Apply* IRP Registration / Titles / DMV Services IRS Federal Heavy Use Tax (2290) FMCSA Authority (Common / Contract / Broker / Freight Forwarder) State Authority Filings (MC / Exempt Carriers / Private) IFTA / Mileage Tax Permits Fuel & Mileage Reporting Service **Surety Bonds** Safety / Compliance Programs Indicate Permits and UCR Reg # of Vehs Qty: **IFTA Decals** Qty: **Quantity Desired New Mexico** Qty: **New York** Qty: OR Bond (Reg with OR Cert) **Oregon Cert** Qtv: **Hazardous Permits** Kentucky Indicate The States You Plan AB-Alberta MD-Maryland **OK-Oklahoma** To Travel In* AL-Alabama ME-Maine **ON-Ontario** AR-Arkansas MI-Michigan **OR-Oregon** AZ-Arizona MN-Minnesota PA-Pennsylvania **BC-British Columbia** MO-Missouri PE-Prince Ed Island CA-California MS-Mississippi OC-Quebec CO-Colorado MT-Montana RI-Rhode Island SC-So Carolina CT-Connecticut MX-Mexico DC-District Columbia **NB-New Brunswick** SD-So Dakota **DE-Delaware** NC-No Carolina SK-Saskatchewan FL-Florida ND-No Dakota TN-Tennessee **GA-Georgia** NE-Nebraska TX-Texas IA-lowa **NH-New Hampshire UT-Utah** ID-Idaho NJ-New Jersey VA-Virginia **IL-Illinois** NL-Newfoundland VT-Vermont **IN-Indiana NM-New Mexico** WA-Washington KS-Kansas NS-Nova Scotia WI-Wisconsin **KY-Kentucky NT-NW Territories** WV-West Virginia **NV-Nevada** WY-Wyoming LA-Louisiana YT-Yukon Territory MA-Massachusetts NY-New York Other (Please List) MB-Manitoba OH-Ohio If you are an existing company, please provide: Current Cab/Registration Card & Current Years Mileage Schedule by State or Your IRP Schedule B Submitted to the DMV for the Current Year. Do You Have Equipment NOT IRP Apportioned? No Yes Do You Have Bulk Fuel Facilities? Yes No (If so, supply copy of invoice) Supply Credit Card Number / EQ# / Driver name for CARDLOCK FUEL SYSTEM. Use Separate Sheet for Listing Cardlock Fuel System Info Needed for Monthly Fuel & Mileage Reporting Describe Any "OFF ROAD" Fuel Usage: Is More Than 45% of Your **Arizona Travel Empty?** Yes No