Account Setup

ALL CUSTOMERS ARE REQUIRED TO KEEP A VALID CARD ON FILE

Carolina Containers & Transport

DELIVERY INFORMATION (REQUIRED)

Account Name:

Phone: | Email:

Size: ___ 20' ____ 20' DD ____ 20' GLO ____ 40' ____ 40 'DD ___ 40' GLO ____ Other Qty: _____

Container Delivery Address:

City: | State: | Zip Code: | Property Type: Business ____ Home ____

Container Doors Loaded Facing: Cab of truck ____ Off the rear ____ | Requested Delivery Date:

Tractor Trailer fit on Location *(Needs 120' straight line, required for 40's)*: Yes ____ No ____ | Visual Landmark:

Site Contact: _____ Mobile # _____

Site Contact: _____ Mobile # _____

Ground Surface (check all that apply):
Gravel ____ Dirt ____ Grass____ Pavement _____

CREDIT AND A/P INFORMATION (REQUIRED)

Billing address:

City: | State: | Zip Code:

Name on Card:

Credit Card #: | CVV Code:

Expiration Date: | Card Type: Visa ____ Mastercard ____ American Express ____ Discover ____

A PROCESSING FEE WILL BE APPLIED TO ALL CARD TRANSACTIONS. We accept company checks.

Select payment method for initial invoice **Due on Receipt**: Check ____ or Credit Card ____

Select payment method used for recurring invoices: Check ____ or Credit Card (Auto Bill Pay) ____

Accounts Payable Contact: | A/P Phone #:

A/P Email: | FED ID #, DL # or SS# :

Business type: Corporation _____ Sole Proprietorship _____ LLC _____ LLP _____ Other: _____

List (2) Principles of the company — Name: | Position:

Name: | Position:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: | State: | Zip Code:

Phone: | Fax: | Email:

Type of account:

Company name:

Address:

City: | State: | Zip Code:

Phone: | Fax: | Email:

Type of account:

Company name:

Address:

City: | State: | Zip Code:

Phone: | Fax: | Email:

Type of account:

AGREEMENT

1. Claims arising from invoices must be made within seven business days.
2. By submitting this application, you authorize Carolina Containers & Transport to make inquiries into the banking and business / trade references supplied.
3. Delivery and pick-up fees as well as first month's rent are due on or prior to delivery.

SIGNATURE: _____ Date: _____

_____ I am an authorized officer of this company / account