



TIME CRITICAL FREIGHT & SMALL PACKAGES

NEW ACCOUNT AUTHORIZATION FORM

Please complete and fax back to 203-337-3919 to properly register your company in our dispatch and billing system. Thank you.

Business Name: _____

Mailing Address: _____
(for billing)

Physical Address: _____
(if different)

Phone: _____ Fax: _____

Email Address: _____

Company Hours: _____ Shipping/Receiving Hours: _____

Can your company ship/receive freight: a) Ground level Yes / No
b) Dock level Yes / No

Do you require any reference numbers for billing? Yes / No

If so, list type needed (job #, PO #, airway bill #, etc.): _____

Would you like e-mailed proof of delivery when your job is delivered? Yes / No

Any special requirements MCS should know about to properly deliver your shipments?

Contact Name (print) Signature Date

VANS -- 24 FOOT STRAIGHT TRUCKS -- LIFT GATE SERVICE
WAREHOUSING -- SMALL PACKAGES TO 30,000 LBS. OF FREIGHT

135 ISLAND BROOK AVE.
BRIDGEPORT, CT 06606

TEL: (203) 382-1111
FAX: (203) 337-3919

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