

NEW CUSTOMER SETUP INFORMATION SHEET

PLEASE NOTE THAT REQUESTED INFORMATION LEADS TO ACCURATE SETUP OF CUSTOMER

COMPANY NAME _____

PHYSICAL ADDRESS _____

CITY/STATE/ZIP _____

BILLING ADDRESS (If Different) _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

DUNS# / D&B# _____

PAYABLES CONTACT _____

PAYABLES EMAIL _____

(OUR PREFERRED METHOD OF INVOICING)

SPECIAL BILLING REQUIREMENTS

PLEASE CHECK HOW YOU WOULD LIKE TO MAKE PAYMENT:

- Check – Mail to **155 Pineview Drive, Amherst, NY 14228**
- ACH – Transit Number – 021001088, Account Number – 716946335, Swift Code – MRMDUS33
- Credit Card – Subject to Processing Fees

LDi Payment terms are 21 days.

Customer Signature: _____ Title: _____

LDi Business Partner: _____

Direct All Payments to Logistic Dynamics, Inc. 155 PINEVIEW DRIVE, AMHERST, NY 14228