



Owner Name:
Name: Address: City: State: Zip: Phone: SSN/FedID: Direct Deposit [see attached form]
Name:
Address:
Address:
City:
Phone:
□ Direct Deposit [see attached form] □ Comdata® Card #: □ DNTRACT DEDUCTIONS: [Note: Must be all weekly or all monthly; except UCR, which is annual] ✓ Purpose Weekly \$ Monthly \$ Annual \$ Comme ✓ Escrow (\$50—\$1,500/week) N/A Unified Carrier Reg (UCR) N/A N/A Plate (no monthly option) N/A N/A
NTRACT DEDUCTIONS: [Note: Must be all weekly or all monthly; except UCR, which is annual] ✓ Purpose Weekly \$ Monthly \$ Annual \$ Comme ✓ Escrow (\$50-\$1,500/week) N/A N/A Unified Carrier Reg (UCR) N/A N/A N/A Plate (no monthly option) N/A N/A
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Unified Carrier Reg (UCR) Plate (no monthly option) N/A N/A N/A
Plate (no monthly option) N/A N/A
IFTA (no monthly option) N/A N/A
Physical Damage (+Trailers?) N/A
NTL Insurance N/A
Occ Acc Insurance N/A
Maintenance Account N/A
Equipt Purchase/Rental N/A
Cargo Risk N/A
Fuel Mgmt N/A
Drivers Legal Plan N/A
ELD (electronic logs) N/A N/A
Drivers Legal Plan N/A