

TIGI LOGISTICS, INC.

**“BUILDING A PARTNERSHIP IN TRANSPORTATION”
TIGI LOGISTICS BILLING INFORMATION SHEET**

LOAD NO:

ORIGIN:

DESTINATION:

CUSTOMER INFO.

RATE TO CUSTOMER: \$

NAME:

ADDRESS:

CITY/STATE:

PHONE:

BILLING P.O. #:

BILL DIRECT/FACTOR/CREDIT CARD:

CREDIT CARD#:

EXP. DATE:

NAME OF CARD HOLDER:

¾ DIGIT # ON BACK OF CREDIT CARD:

CARRIER:

RATE TO CARRIER: \$

AGENT'S % ON LOAD

5284 IROQUOIS AVENUE
SPRING HILL, FL. 34606
EMAIL: CALCONETA@BELLSOUTH.NET

AGENT INFORMATION SHEET

NAME: _____

ADDRESS _____

NAME OF COMPANY _____

ADDRESS _____

EMAIL ADDRESS: _____

TAX. ID NUMBER _____

PHONE _____

FAX _____

EMERGENCY AFTER HOURS NUMBER _____

DATE AGENCY OPENED _____

PRIMARY CONTACT _____

PHONE _____