

Customer Profile



Business Contact Information:

Legal Business Name:				DBA:			
Business Address:			City:			State:	Zip:
Business Phone #:			Business Fax #:				
Business Contact Name:			Contact Title:			Phone #:	
Business Contact Email Address:							

Local/Logistics Contact Information:

Contact Name:			Contact Title:			Phone #:	
Business Address:			City:			State:	Zip:
Contact Email Address:							

Standard Billing Methods

1. Invoice Accounts: Invoices will be sent by email to your designated person the week after services were rendered. Invoice is due net 15 days.
2. Credit card accounts will be charged per agreement. 5% Additional fee for credit card processing and handling.
3. No Cash/Checks or other form of payment to the driver.

Other arrangements are available. Please contact your Angels Courier account representative

Choose Your Preferred Billing Method: _____ Invoice _____ Credit Card on File _____ EDI

Billing Information:

Billing Address:				City:			State:	Zip:
Billing Contact Name:				Title:			Phone #:	
Billing Email Address:								
<i>Credit Card Information (for accounts that are COD or wish to make payment by CC: Complete below if applicable)</i>								
Name on Credit Card:				Credit Card #:				
Expiration Date (MM/YY):			Security Code:			Billing Zip Code:		
I authorize Angels Courier, Inc. to charge my credit card for services rendered on behalf of the company.								
Card Holder Signature:				Print Name:			Date:	

Typical/Average Delivery Requirements and Profile:

Main Business Product(s)/Service(s):								
What Services do you require?	On-Demand:	<input type="checkbox"/>	Scheduled:	<input type="checkbox"/>	Routed:	<input type="checkbox"/>	Next Day:	<input type="checkbox"/>
# of deliveries per (choose 1):	Day:	<input type="checkbox"/>	Week:	<input type="checkbox"/>	Month:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Average # of boxes/pouches/envelopes per delivery?								
Typical delivery time (choose all that apply):	M-F Business hours:	<input type="checkbox"/>	M-F After hours:	<input type="checkbox"/>	Weekend:	<input type="checkbox"/>		
Typical vehicle type needed (choose all that apply):	Car:	<input type="checkbox"/>	Cargo Van:	<input type="checkbox"/>	Box Truck:	<input type="checkbox"/>		
Dock Height Truck:	<input type="checkbox"/>	Truck with Lift Gate:	<input type="checkbox"/>	Warehouse:	<input type="checkbox"/>	Customer Online Order Portal:	<input type="checkbox"/>	

Other:

Additional requirements to support your business:								

140 East Grant Line Road, Tracy, CA 95376 Phone: (510) 732-1500 Fax: (510) 283-0133

www.angelscourier.com info@angelscourier.com