

www.ritewayts.com Toll Free: 866-606-6148 * Fax: 888-678-6040 Email: contact@ritewayts.com

Dear New Customer:

Your company and drivers have places to go and getting there is becoming more complicated every day. **Rite-Way Transportation** is here to help.

Permits Services: Oversize/Overweight (Single Trip & Annuals), Divisible Loads and Trip & Fuel permits. We cover all 50 states, the District of Columbia, counties and municipalities.

Pilot Car Services: Nation wide dispatch with properly equipped, certified and insured pilot car drivers.

Route Surveys: Accurate and reliable route surveys ensure your drivers and loads arrive safely.

Compliance Consulting: Ensure your fleet is within regulation to reduce costly fines and delays.

Rite-Way is here to get you and your business where you need to go. Please feel free to contact us anytime at (585) 486-9712 or Toll Free at (866) 606-6148.

Check out our services online at <u>www.ritewayts.com</u>, check us out on **Twitter** at RiteWayPermits or Facebook @facebook.com/Riteway.Transportation.

Thank you for choosing Rite-Way Transportation Services.

Sincerely,

Rite-Way Staff



CREDIT CARD AUTHORIZATION

Please complete the information below:

Company Name:
Billing Address:
City: State: Zip:
Phone:
Email:
Preferred delivery method of invoices and receipts: FAX EMAIL
Account Type: Visa MasterCard AMEX Discover
Cardholder Name:
Account Number:
Expiration Date :
CVV2 (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX)
I authorize Rite-Way Transportation Services LLC to charge the above referenced credit card for oversize/overweight hauling permits, load escorts and related services as necessary.
SIGNATURE: DATE:
(Typed Name Will Act as Signature)
FOR OFFICE USE ONLY:
Received by Date
Customer Code C -





Business Name:	Federal ID number:
Address:	JS DOT:
City: State: Zip:	
Contact Name:	Title:
Phone: Fax:	
Email:	
How did you find out about Rite-Way Transportation Services?	
Type of Business:	In Business Since:
Legal form under which business operates:	
LLC Corporation Partnership Propriet	orship 🗌
Parent Company (if applicable):	
Name of Company Principal responsible for business transaction:	
Address: City:	State:
Zip:	
Phone: Fax:	
I herby certify that the information contained herein is complete an	id accurate.
Print Name:	
Signature:	Date:

(Typed Name Will Act as Signature)





COMPANY NAME:			FEIN#:	
ADDRESS:	USDOT	#:		
CITY:	STATE:	ZIP:		
PHONE: FAX:				
EMAIL:				
DBA?: YES NO IF YES NAME:				
	TRUCK INFORMA	TION		
UNIT #: YEAR: MAKE:				
PLATE: STATE: REGISTRATION EXPIR/	ATION DATE:			
VIN: REG. WEIG	HT:			
UNLADEN WEIGHT: # OF AXLES:	FUEL TYPE:			
DRIVER FULL NAME:				
STRAIGHT TRUCK TRACTOR HAULING TRAILER: YES	NO			
STATES START DATE START TIME				
	AM 🗌 P			
	AM PI			
	AM PI			

ADDITIONAL INFORMATION MAY BE REQUIRED PER STATE REQUIERMENTS