

# Customer Billing Information Sheet (CBIS)



Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Description: \_\_\_\_\_

Est. Loads per Month \_\_\_\_\_ Credit – Monthly Estimate \_\_\_\_\_ Freight Type \_\_\_\_\_

### Proof of Delivery Requirements that must accompany Invoice:

Original Required  Yes  No

Copy Acceptable  Yes  No

None Required  Yes  No

Other/Special (ex: color, form #, etc.) \_\_\_\_\_

### Information Required (must appear) on Invoice

POD #  Yes  No

Customer Reference #  Yes  No

Bill of Lading #  Yes  No

Other / Special \_\_\_\_\_

Any other special instructions/information required:

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Form Submitted by: \_\_\_\_\_ Agency Name \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_