

Bank use Only
 Setup
 Change
 Maintenance



COURIER DIRECT

Client Setup Form

Client Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Contact Person: _____ Email: _____

Alt. Contact Person: _____ Email: _____

Schedule:

Check all that apply:

- Monday Tuesday Wednesday Thursday Friday
 Customer will call to inform (# of pick-ups/week: ___)
 Courier Direct on Call from Customer

Earliest Pickup Time: _____

Latest Pickup Time: _____

Projected Start Date: _____

Confirmed State Date: _____

Submitted By: _____ Date: _____

Special Instructions: