MOONSHOT LOGISTICS

VENDOR SETUP FORM

P.O. Box 184, Rio Vista, TX 76093
Phone: (682) 413-5002
operations@moonshotlogistics.com

Company Information			
Name of Company:		Type of Business:	
Physical Address:			
City/State/Zip/Country:			
Phone:		Fax:	
Email:		Nearest Major Airport:	
*For Multiple Locations, Please Provide List of Locations with Address			

Account Receivable Information			
Name of Company:	☐ Same as above ☐ Other:		
Remit To Address:	☐ Same as above ☐ Factoring Agent-NOA document required ☐ Other:		
A/R Phone Number:		A/R Fax:	
A/R Contact:		Contact Title:	
A/R Contact Email:			
☐EIN ☐SSN	MC#	SCAC	US DOT #

Moonshot Requirements for Billing
1. All invoices **must** be sent to operations@moonshotlogistics.com direct for processing and payment
2. Invoices must have backup including the hardcopy POD
3. Moonshot reference number must appear on invoice. EX:1000
4. Moonshot must be notified in writing within 24hrs of any accessorials
5. Moonshot payment terms are 20 days upon receipt of invoice

Services Provided -Please check all that apply			
Service Area:	☐ Only Intrastate Hauling ☐ All 48 States ☐ Canada ☐ Mexico ☐International		
Service Equipment	☐ Coil Racks ☐ Side Kits ☐ Tarps ☐ Ramps ☐ Satellite Enable ☐ Power Only ☐ Flatbeds ☐ RGN ☐ Teams ☐ Step Decks ☐ Vans ☐ Solos ☐ UPS Carrier ☐ Others (Please Specify):_____		
Certification:	HAZMAT CERTIFIED	☐Yes	☐No
	ACE ENABLED	☐Yes	☐No
	CTPAT MEMBER	☐Yes	☐No
	TWIC HOLDER	☐Yes	☐No
	TSA REGISTERED	☐Yes	☐No
	*Must Attach Driver Names and STA# with This form (If you Do Pickup or Delivery to Airport)		
Airport Pickup/Delivery*	☐Yes ☐No		
	IAC#:	IAC Expired Date:	

Vendor Set Up Instruction	
Required Documents:	1. Vendor Set Up Sheet (this form) 2. Insurance 3. W-9 form
Other Information:	1. List of Multiple Locations 2. Driver STA# (if applicable) 3. All Relevant Documentations
Email To:	operations@moonshotlogistics.com