



CUSTOMER APPLICATION

COMPANY INFORMATION			
Legal Business Name:			
DBA (if applicable):			
Sole Proprietorship:	Partnership / LLP / LLC:	Corporation:	Other:
State of Business Registration:		Year Business Started:	
Type of business:		SIC# (Standard Industrial Code):	
EIN# / TAX ID#:		D&B (Dun & Bradstreet)#:	
PRIMARY PHYSICAL LOCATION OF BUSINESS (NO P.O. BOXES)			
Street Address:			
City:		State:	ZIP Code:
Phone:		Fax:	
Company Email:		Website:	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
Street Address:			
City:		State:	ZIP Code:
Phone:		Fax:	
Company Email:		Website:	
AUTHORIZED OFFICERS AND PERSONNEL INFORMATION			
Owner / President Name:			
Phone:		Ext.:	Fax:
Direct Phone:		Email:	
Name:		Position:	
Phone:		Ext.:	Fax:
Name:		Position:	
Phone:		Ext.:	Fax:
BANK INFORMATION			
Bank Name:		Branch:	
Street Address:		City:	State ZIP
Contact Person:		Position:	
Phone:		Ext.:	Fax:
Account#		Email:	
BUSINESS TRADE REFERENCES			
Company Name:		Contact Person:	
Phone:		Fax:	Email:
Account#		Date account opened:	
Company Name:		Contact Person:	
Phone:		Fax:	Email:
Account#		Date account opened:	

Printed Name:

Position:

Signature:

Date:

FILL OUT THIS FORM AND EMAIL TO: **INFO@UNITEXCARGO.COM** OR FAX TO: **718-872-9613**