



P.O. Box 469, Folcroft, PA 19032-0469
Phone: (610) 522-9300 Fax: (610) 522-9387
Acct. Office Fax: (610) 522-1950

PLEASE FILL OUT THE INFORMATION FORM BELOW AND RETURN IT TO US SO THAT WE MAY PROCESS YOUR ACCOUNT IMMEDIATELY.

BUSINESS INFORMATION FORM

Business Name: _____

Business Address: _____

Business Phone Number: _____ Fax: _____

Business Contact Email: _____

Accounting Contact Name: _____

Accounting Contact Phone: _____ Fax: _____

Accounting Contact Email: _____

Names and Titles of Officers: _____

Years in Business: _____ EIN: _____ D&B #: _____

C-TPAT Certified? (Y/N): _____ If Certified, SVI No.: _____

Bank Name and Address: _____

Bank Contact: _____ Phone: _____

Bank Account Number(s): _____

Names of Suppliers (include addresses, phone and fax numbers)

(1) _____

(2) _____

(3) _____

In consideration of the extension of credit, 10 days for imports and 15 days for all others, you hereby agree that all accounts are to be paid in full by the due date. In the event of a default, you agree to pay all costs of collection, including, but not limited to reasonable attorney's fees and court costs. A 1.5% late fee is charged on all overdue invoices.

Date: _____

By: _____

Authorized Signature, Title

The below is for office use only.....

Customer Type: _____ (S=Shipper, A=Agent, C=Carrier, B=Broker, O=Consignee)

Requested By: _____ Referred/Obtained By: _____

Acctg ID: _____ (If client profile has been opened)