



## NEW CUSTOMER INFORMATION

DATE: \_\_\_\_\_ COMPANY: \_\_\_\_\_

AGENT: \_\_\_\_\_ A/P CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EIN NUMBER: \_\_\_\_\_

### TYPE OF OWNERSHIP:

CORPORATION \_\_\_\_\_ S-Corp \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROP IETORSHIP \_\_\_\_\_

### AFFILIATED COMPANIES:

TYPE OF BUSINESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_

PRESIDENT/OWNER PHONE: \_\_\_\_\_

CHIEF FINANCIAL OFFICER PHONE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: CONTACT: \_\_\_\_\_

***I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION REQUESTED BY UNION LOGISTICS  
PERTAINING TO THE ABOVE ACCOUNT NUMBER AND ANY OTHER ACCOUNTS HELD AT THE ABOVE  
FINANCIAL INSTITUTION.***

Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_