



NEW ACCOUNT FORM

IMPORTER'S NAME: _____

ADDRESS: _____

BILLING ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

IRS/ SS# _____

CONTACT NAME: _____

IMPORTER'S TYPE () Individual () Partnership () Corporation

() Sole Proprietorship () LLC

IS THE EXPORTER RELATED TO YOU? () YES () NO

Do YOU HAVE A CUSTOMS BOND? () YES () NO

ARE YOU C-TPAT CERTIFIED? () YES () NO

IF YES, WHAT IS YOR SVI NUMBER _____