***Customer account details form***

***Please fill in all fields on this form***

***Date:***

COMPANY NAME:

COMPANY TIN #:

COMPANY CONTACT PERSON NAME:

CONTACT PERSON JOB TITLE:

PHONE #

COMPANY CONTACT PERSON EMAIL:

BROKER/FIRM NAME:

PHONE#

OFFICE PHYSICAL ADDRESS as per Business registration Certificate: -

OFFICE PHONE:

VALID DATE:

* IMPORTER
* EXPORTER

\*Kindly check both boxes, if applicable.

SIGN:

SIGNATURE