



**Universal Logistics Solutions International Inc.  
NEW CUSTOMER INFORMATION**

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Fax# \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

IRS#: \_\_\_\_\_

GST/BN#: \_\_\_\_\_

Own Bond: \_\_\_\_\_

Broker Bond: \_\_\_\_\_

Number of Shipments per month: \_\_\_\_\_

Est. Value: \_\_\_\_\_

Ports of Entry: \_\_\_\_\_

Commodities (H.S. Code if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Requirements (IE: Permits, FDA, CFLA, ETC...): \_\_\_\_\_

\_\_\_\_\_

Copies of NAFTA certificates, attached: \_\_\_\_\_

To Follow: \_\_\_\_\_

Standard billing profile for division: \_\_\_\_\_

Special Billing Profile# \_\_\_\_\_

Customer Acceptance – Name & Title: \_\_\_\_\_

Universal Approval \_\_\_\_\_