

M.E. DEY & CO.

NEW CUSTOMER APPLICATION

COMPANY INFORMATION

Check all boxes for service needed:

- | | |
|--|--|
| <input type="checkbox"/> Air/Ocean Customs Brokerage | <input type="checkbox"/> Domestic Transportation |
| <input type="checkbox"/> Northern Border Customs Brokerage | <input type="checkbox"/> Foreign to Foreign Transportation |
| <input type="checkbox"/> Southern Border Customs Brokerage | <input type="checkbox"/> Import Bond |
| <input type="checkbox"/> Import Transportation | <input type="checkbox"/> Cargo Insurance |
| <input type="checkbox"/> Export Transportation | <input type="checkbox"/> Trade Compliance Consulting |

Company Type: LLC Corporation Partnership Other:

Year Business Established:

Company Name:

Doing Business As:

Street Address:

City:

State:

Zip:

Mailing Address (if different)

Street Address:

City:

State:

Zip:

Billing Name/Contact:

Bill to Address:

City:

State:

Zip:

Phone Number:

Website URL:

IRS/SS#:

US Customs Bond #:

US Bond Type: Single Entry Continuous (amount):

Industry/Commodity:

How many shipments do you move monthly?

Which modes of transportation will you use? Ocean Air Truck Rail

Which Ports of Entry do your shipments arrive?

CONTACT INFORMATION

Principle Parties (i.e. Owner/CEO/Officer)

Name:

Title:

Email:

Phone Number:

Import Compliance/Customs Brokerage Contact (classification, product details, clearance issues)

Name:

Title:

Email:

Phone Number:

Export Contact

Name:

Title:

Email:

Phone Number:

Transportation/Logistics Contact

Name:

Title:

Email:

Phone Number:

Shipping/Receiving Contact

Name:

Title:

Email:

Phone Number: