

## **New Account Information**

Company Name:	Contact Person:	
Shipping Address:		
City:	St:	Zip Code:
Phone Number:	Fax Number:	
Billing Address:		
City:	St:	Zip Code:
Accounts Payable Contact:		Phone:
Shipping Characteristics:  Type of Product:  Packaging Type (pallet, cartons, but		
NMFC#:	100	_ Classification:
NMFC#:		_ Classification:
NMFC#:		_ Classification:
Average Weight Per Shipment:		
Average # Per Shipment (pallets, ca	rtons or bundles	ect.):
Average # of Shipments Per: Week		Month

Please complete this form and fax to 818-773-1750. If you have any question, please call 800-565-6939. We would be glad to answer any of your questions.

A Sunset Logistics, Inc. representative will soon contact you to complete the New Account registration.