



**NEMF Logistics LLC**

1-71 North Avenue East  
Elizabeth, NJ 07201

Please complete the following and fax to: 800-463-8730

Date: \_\_\_\_\_

**Company Billing Information:**

Trade Name: _____			Type of Business: <input type="checkbox"/> Corporation	
Address: _____			(check one) <input type="checkbox"/> Partnership	
			<input type="checkbox"/> Sole Proprietorship	
			<input type="checkbox"/> Other: _____	
City: _____	State: _____	Zip: _____	Years in Business: _____	
Phone: _____	Fax: _____		Tax ID Number: _____	
Website: _____			D&B/DUNS Number: _____	
Nature of Business: _____				
Shipping Dept. Contact: _____		Phone: _____	Email: _____	
Shipping Address (if different from above): _____				
Accounts Payable Contact: _____		Phone: _____	Email: _____	
Special Billing Requirements: _____				

**Owner/Principal Information:**

Full Name: _____		Title: _____	Full Name: _____		Title: _____
Social Security Number: _____			Social Security Number: _____		
Address: _____			Address: _____		
City: _____	State: _____		City: _____	State: _____	
Zip: _____	Phone: _____		Zip: _____	Phone: _____	

**Banking Information:**

Bank Name: _____			Type of Account: _____	
Address: _____			Account Number: _____	
City: _____	State: _____	Zip: _____	Contact Name: _____	
Phone: _____	Fax: _____			

**Trucking References:**

1. Name: _____			Account Number: _____	
Address: _____			Contact Name: _____	
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____
2. Name: _____			Account Number: _____	
Address: _____			Contact Name: _____	
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____

**Other References:**

1. Name: _____			Account Number: _____	
Address: _____			Contact Name: _____	
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____
2. Name: _____			Account Number: _____	
Address: _____			Contact Name: _____	
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____

**Release of Information:**

I authorize the release of any and all banking and credit information to the NEMF LOGISTICS LLC. Credit Department, including full disclosure of any financial statement information, details of lines of credit and securities held.

Signed: _____	Printed Name: _____	Date: _____
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Signature and Title of Applicant: \_\_\_\_\_

For NEMF Logistics LLC Office Use Only:

Date Received: _____	D&B Rating: _____	Credit Line: _____	Terms: <b>30 Days</b>
Credit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Signed: _____	

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