

M.E. DEY & CO.

NEW CUSTOMER APPLICATION

COMPANY INFORMATION

Check all boxes for
service needed:

- ☐ Air/Ocean Customs Brokerage
- ☐ Northern Border Customs Brokerage
- ☐ Southern Border Customs Brokerage
- ☐ Import Transportation
- ☐ Export Transportation

- ☐ Domestic Transportation
- ☐ Foreign to Foreign Transportation
- ☐ Import Bond
- ☐ Cargo Insurance
- ☐ 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?

Duties paid direct to Customs: ☐ Yes ☐ No If yes, provide Payer Unit Number (PUN):

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: