



CUSTOMER INFORMATION SHEET

Shipper: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

Phone number: _____

Federal ID Number: _____

CREDIT REFERENCES

Name of Bank: _____

Address: _____

Account Number: _____

Phone & Contact: _____

TRADE REFERENCES

1. Name: _____ Address: _____

Phone: _____ Contact: _____

2. Name: _____ Address: _____

Phone: _____ Contact: _____

We certify this information to be true and correct. We hereby authorize our bank and/or vendors to release credit information related to this application to New York Overnight.

Company: _____ Signature/Title: _____

Date: _____