

SHIPPER PROFILE FORM

Main/Corporate Office Information:

Company Name: _____

Billing Address: _____

Phone Number: _____

Fax Number: _____

Admin Contact: _____

Accounting Contact: _____

Federal EIN#: _____

Bank Reference: _____

Financial Institution Name: _____

Phone Number: _____

Account Number: _____

Contact Name: _____

Trade References (1 motor carrier): _____

Reference #1(Contact Name/Co. Name/Phone #: _____

Reference #2(Contact Name/Co. Name/Phone #: _____

On this _____ day of _____, 20____, I hereby attest that all information provided is accurate and verifiable. Furthermore, SHIPPER authorizes Melian LLC and/or credit agency to investigate all credit history, bank references and any other information required to process this application and at any time in the future.

Shippers Authorized Representative (Print Name): _____

Signature: _____ Title: _____