

Sovereign Logistics, Inc.



New Customer Detail Sheet

Customer Name: _____

Company Address: _____

Telephone Number: _____

Fax Number: _____

Contact Name: _____

E-mail Address _____

Title: _____

Company IRS #: _____

Does your company have a continuous bond with Customs? _____

If yes, please provide Surety Code: _____ *Bond Amount:* _____

Are you enrolled in the ACH Program with Customs? _____

If yes, please provide your payer unit number: _____

Is your company participating in the Customs-Trade Partnership Against Terrorism (C-TPAT) program? _____

If yes, please provide your SVI number: _____

D/C Info:

Company Name: _____

Company Address: _____

Telephone Number: _____

Fax Number: _____

Contact Name: _____

E-mail Address _____

Receiving Hours _____

Upon completion, please email to: customerservicefeedback@sovlog.com

