COLTRANS
COLUMBIA TRANSPORT INC.

CLIENTS INFORMATION SHEET

Business Name / Company Name			
Address			
Telephone		Fax No.	
E-mail			

FORM OF BUSINESS ORGANIZATION

☐ Single Prorietorshi ☐ Partnership ☐ Corporation

SEC No.		VAT	
YEAR ESTABLISHED		NO. OF EMPLOYEES	

KEY PERSONNEL

Position	CONTACT PERSON	EMAIL
President/ Gen. Manager		
Finance Manager		
Traffic Manager		

Nature of Business	

Shipping Information (Commodity, Import/Export, Terms of Shipment, Origin Destination, Etc.)

BANKING INFORMATION

Depository Bank	Branch	Acct. no.

CHECK SIGNATORIES

Name	Position	Specimen Signature

OTHER INFORMATION (COLTRANS USE ONLY)

Date Filed	
Filed by	