



# NEW CUSTOMER INFORMATION FORM

**FULL NAME:**

RESPONSIBLE FOR THE FORM INPUT

PLEASE FILL OUT THE FOLLOWING

<b>COMPANY NAME</b>	
<b>CONTACT NAME</b>	
<b>PICKUP ADDRESS</b>	
<b>BUSINESS HOURS</b>	
<b>SPECIAL INSTRUCTIONS</b>	
<b>TELEPHONE NUMBER</b>	
<b>MOBILE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

\*IF YOU ARE REQUESTING PICK UP, PLEASE FILL OUT BELOW\*

<b>DATE FOR PICK UP</b>		
<b>DESTINATION</b>		
<b>PIECES</b>	<b>LOOSE BOXES</b>	<b>PALLETS</b>
<b>WEIGHT</b>		

An UCL WELCOME LETTER will be sent by e-mail shortly, it contains your CLIENT ID NUMBER. And if a PICK UP ORDER was requested, the number PICK UP NUMBER will be in the same e-mail.

“SHIP WITH CONFIDENCE, SHIP UCL”  
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