

YOUNG BROTHERS

CUSTOMER PROFILE INFORMATION UPDATE

IN AN EFFORT TO PROVIDE OUR CUSTOMERS WITH ACCURATE BILLING AND NOTIFICATION REGARDING YOUR YOUNG BROTHERS' SHIPMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION. MAHALO FOR YOUR ASSISTANCE!

LEGAL COMPANY NAME: _____

DBA NAME (IF APPLICABLE): _____

TYPE OF INDUSTRY: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

YB ACCOUNT NUMBER: _____

MY COMPANY IS A (CHECK ALL THAT APPLY) SHIPPER CONSIGNEE TRUCKER

MAIN YB CONTACT NAME: _____ JOB TITLE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

BILLING CONTACT NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER: _____ BILLING FAX NUMBER: _____

STATEMENT METHOD (SELECT ONE): EMAIL: _____ MAIL FAX

LIST EMAIL ADDRESSES FOR EQUIPMENT AVAILABILITY NOTIFICATION ON DIFFERENT ISLANDS (TRUCKER):

EMAIL ADDRESS LISTED WILL RECEIVE EMAIL NOTIFICATIONS FOR CARGO AVAILABILITY

HONOLULU CONTACT NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER: _____ BILLING FAX NUMBER: _____

TRUCKER: _____ EMAIL ADDRESS: _____

HILO CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

MAUI CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

MOLOKAI CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

KAUAI CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

LANAI CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

KAWAIHAE CONTACT NAME: _____ **JOB TITLE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

PHONE NUMBER: _____ **BILLING FAX NUMBER:** _____

TRUCKER: _____ **EMAIL ADDRESS:** _____

YB USE ONLY

ACCOUNT CUSTOMER

RECURRING NON-ACCOUNT CUSTOMER

FACE PROFILE CREATED _____

CREATED BY: _____

ACCOUNT NUMBER ISSUED _____

CREDIT APPROVED FOR \$ _____

FACE PROFILE UPDATED _____

UPDATED BY: _____

TRUCKER INSURANCE RECEIVED (IF APPLICABLE) _____

FACE PROFILE UPDATED _____

UPDATED BY: _____