KNOWN SHIPPER APPLICATION FORM

Facility Information

Date:	Business Name:	DBA:
Years In Business:		EIN:

Address Information

Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

Shipper's Contact Info

Location Phone #:	Principal Contact #:
Emergency Phone #:	Fax #:
Email Address:	Web Address:

-Internal Office Verification-

Name of IAC Employee (Print):   Date:

Name of IAC Employee (Signature):   Date:

Notes:

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