

Please complete the following form, and click "Submit Completed Form" when finished.

Company Information

Company Name

Doing Business As

Owner Name

Federal ID or SSN

Contact Name

Title

Phone Number

Fax Number

E-mail Address

Company Web Site Address

Physical Address

City

Country

State (if in USA)

Zip

☐ Remittance Address is same as Physical Address

Physical Address

City

Country

State (if in USA)

Zip

Company Information

Number of Employees Full Time Part Time

Business Established (MM/YYYY)

Business Classification

- ☐ Minority-Owned
- ☐ Woman-Owned
- ☐ Service Disabled Veteran-Owned Business
- ☐ GLBT

Legal Structure

- ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

DUN and Bradstreet Number

D&B D-U-N-S Number

Geographic Service Capability ☐ Local ☐ Regional ☐ National ☐ International
(Check all that apply)

Has your company done any previous business with KLS Air Express Inc. dba. Freight Solution Providers?
(If the answer is no, leave blank)

Location

Contact Name

Contact Phone

Business Type: ☐ Manufacturer ☐ Distributor ☐ Service Provider

Enter Primary NAICS Code

Enter Secondary NAICS Code(s)

Products & Service

Products / Services Provided

Statement of Business
Capability (Max 500 characters)

Customer References and Contacts

Please provide three of your principal customer references and contact information for each

Company Name

Contact Name

Phone Number

Company Name

Contact Name

Phone Number

Company Name

Contact Name

Phone Number

Sales Volumes

Please provide your company's sales volumes for the past three years (DOLLAR amount)

Annual Sales for 2015

Annual Sales for 2014

Annual Sales for 2013