

# YOUNG BROTHERS

## CUSTOMER PROFILE INFORMATION

IN AN EFFORT TO PROVIDE OUR CUSTOMERS WITH ACCURATE BILLING AND NOTIFICATION REGARDING YOUR YOUNG BROTHERS' SHIPMENTS, PLEASE COMPLETE THE FOLLOWING INFORMATION. ONCE FORM IS COMPLETED, PLEASE CLICK THE GREEN BUTTON TO SUBMIT THE FORM. MAHALO FOR YOUR ASSISTANCE!

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL COMPANY NAME: \_\_\_\_\_

DBA NAME (IF APPLICABLE): \_\_\_\_\_

### INDUSTRY TYPE (*SELECT ONE*):

#### AGRICULTURE:

CROPS & PLANTS  
FISHING  
FORESTRY  
LIVESTOCK  
SERVICES

#### AUTOMOBILE:

RENTALS  
SALES

#### CONSTRUCTION:

MATERIAL PROVIDER  
SERVICES & EQUIPMENT PROVIDER

#### ENERGY:

PETROLEUM  
RENEWABLE

#### ENTERTAINMENT:

ACCOMMODATIONS & FOOD  
TOURISM & OTHER

#### FOOD:

BEVERAGE & DRINK DISTRIBUTOR  
DISTRIBUTION & MANUFACTURING

#### GOVERNMENT

HEALTHCARE & SOCIAL SERVICES

#### MANUFACTURING (NON-FOOD)

RECYCLING & WASTE

TRANSPORTATION

UTILITIES

WHOLESALE & RETAIL

OTHER SERVICES & MISCELLANEOUS

PHYSICAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ YB ACCOUNT NUMBER: \_\_\_\_\_

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

### BILLING/PAYMENT INQUIRIES

BILLING CONTACT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BILLING FAX NUMBER: \_\_\_\_\_

BILLING METHOD (*SELECT ONE*):  EMAIL: \_\_\_\_\_  FAX

### CARGO NOTIFICATION

MAIN CONTACT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRUCKERS: LIST EMAIL ADDRESSES FOR EQUIPMENT AVAILABILITY NOTIFICATION ON DIFFERENT ISLANDS-IF APPLICABLE:

**\*\*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: \_\_\_\_\_

KAWAIIHAE CONTACT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BILLING FAX NUMBER: \_\_\_\_\_

TRUCKER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_