PHOENIX CAPITAL GROUP

CUSTOMER APPLICATION

SECTION I: CUSTOMER COMPANY INFORMATION			
CORPORATE NAME:		NAME (DBA):	
LOCATION ADDRESS:		BILLING ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
WEB URL ADDRESS/DOMAIN NAME:		COMPANY EMAIL ADDRESS:	
LOCATION TELEPHONE:	FEDERAL TAX ID #:	CORPORATE TELEPHONE:	FAX NUMBER:
DUN & BRADSTREET #:	DOT #:	YEARS IN BUSINESS:	
OWNERSHIP: ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ CORPORATION ☐ TAX EXEMPT ☐ LIMITED LIABILITY COMPANY (LLC) ☐ PARTNERSHIP ☐ GOVERNMENT ☐ MEMBER SBA ☐ MEDICAL/LEGAL CORPORATION			
NUMBER OF: DRIVERS TRUCKS		AMOUNT OF AVERAGE WEEKLY VOLUME: FUEL CHECKS OTHER	
DESCRIPTION OF TRANSPORTATION SERVICES PROVIDED TO YOUR CLIENTS:			

SECTION II: MANAGEMENT PROFILE (**MINIMUM OF 2 OFFICERS UNLESS SOLE PROPRIETORSHIP**)					
NAME:	TITLE:		NAME:	TITLE:	
SOCIAL SECURITY #:	YEARS W/ COMPANY:	% OF OWNERSHIP:	SOCIAL SECURITY #:	YEARS W/ COMPANY:	% OF OWNERSHIP:
E-MAIL ADDRESS:			E-MAIL ADDRESS:		
HOME ADDRESS:			HOME ADDRESS:		
CITY, STATE, ZIP:			CITY, STATE, ZIP:		
HAS COMPANY (CUSTOMER) OR THE OWNERS/PRINCIPALS EVER FILED FOR BANKRUPTCY? ☐ YES ☐ NO IF YES: ☐ BUSINESS BANKRUPTCY ☐ PERSONAL BANKRUPTCY PLEASE EXPLAIN:					

SECTION III: BUSINESS REFERENCES		
BANK REFERENCE:	CONTACT:	TELEPHONE NUMBER:
TRADE REFERENCE (SUPPLIER) NAME:	CONTACT:	TELEPHONE NUMBER:
TRADE REFERENCE (SUPPLIER) NAME:	CONTACT:	TELEPHONE NUMBER: