

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 SAVE IT, THEN EMAIL IT TO : ybaccountupdate@htbyb.com 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: _____

KAWAIHAE CONTACT NAME: _____ JOB TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE NUMBER: _____ BILLING FAX NUMBER: _____

TRUCKER: _____ EMAIL ADDRESS: _____