



Seaco Container Sales Customer Data Form

Company's Full Legal Name			
Street Address (No PO Box)			
City, State (Province)			
Post Code	Country		
Company's registration #			
VAT # (if applicable)			
Phone	Fax		
Website			

Note: Payments made to Seaco must originate from the company name listed above.

Legal Status:	Corp. <input type="checkbox"/>	Partnership <input type="checkbox"/>	Ltd Liab Co <input type="checkbox"/>	Sole Prop <input type="checkbox"/>	Individual <input type="checkbox"/>
Please provide documentation to support the legal status e.g. Certificate of Incorporation; Business Registration Certificate; Passport/Government ID (for individuals)					

Billing Contact Details:	Note: Invoices and Releases will be sent to this email address
Name	
Phone	
Email	

Ownership:	Please list all shareholders above 10% of shares	Percent
Ultimate Shareholder:		
Shareholder:		
Shareholder:		
Shareholder:		

I undertake that the company and account details above are correct and proper details	
Signature:	Printed Name:
Date:	Position:
Company Stamp:	