

FINANCIAL INSTITUTION INFORMATION	
<input type="checkbox"/> New Enrollment	
PAYEE / VENDOR INFORMATION	
Name:	
Address:	
City:	State/ Province: _____ Postal code: _____
Phone :	Fax: _____
Email:	
Contact:	
Tax ID:	
FINANCIAL INSTITUTION INFORMATION	
<input type="checkbox"/> Checking	<input type="checkbox"/> USD or <input type="checkbox"/> CAD
<input type="checkbox"/> Savings	<input type="checkbox"/> USD or <input type="checkbox"/> CAD
Bank Name:	
Address:	
City:	State/ Province: _____ Zip: _____
Phone :	Fax: _____
Transit / Routing Number :	Bank Account Number: _____

Remit to billing@manilalogistics.com

FOR OFFICE USE ONLY

CARRIER CODE # _____

VENDOR # _____

INITIALS _____

DATE RCVD _____