

**Black Ball Transport, Inc.**  
820 NE 45<sup>th</sup> Street, Suite 3  
Seattle, WA 98105  
Phone: (206) 283-4401  
Fax: (206) 283-4405  
E-mail: [dbooth@cohoferry.com](mailto:dbooth@cohoferry.com)



**APPLICATION TO OPEN AN ACCOUNT**

Name of Company: \_\_\_\_\_

Billing Address (please include street address): \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_

Date of establishment of business: \_\_\_\_\_

Type of legal entity:

Corporation (Please list the names of the president and two principal shareholders, including telephone numbers.)

Partnership (Please list general partners including telephone numbers)

Sole Proprietor (Please list your home address and telephone number)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Type of vehicle you plan to put on our ferry:  Motorcoach  
 Tractor-Trailer  
 Other \_\_\_\_\_

If you are hauling cargo, please describe, and indicate UN number \_\_\_\_\_

\_\_\_\_\_

**Black Ball Transport, Inc.**  
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How frequently do you plan to use our ferry (please indicate seasonal variations if applicable)?

\_\_\_\_\_

Bank Reference:

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**(Note: Canadian customers MUST authorize their bank in advance to release information to Black Ball Transport, Inc.)**

Please list three trade references:

Name/Account #	Address	Telephone/Fax

If you are a Canadian customer, in which currency would you like to be billed?

US Dollar       Canadian Dollar

\_\_\_\_\_  
Authorized Signature (Principal or Officer)                      Title                      Date

Please fax or email completed form to:  
206-283-4405  
[dbooth@cohoferry.com](mailto:dbooth@cohoferry.com)