BOSHA LOGISTICS

Open a Business Account Application

Business Name

DBA (if applicable)

Primary Contact

Title

Phone

Email

Business Address

City/State/ZIP

Billing Contact

Billing Email

Federal EIN (optional)

Preferred Invoice Method

Estimated Deliveries Per Week

Typical Pickup Locations

Typical Delivery Area

Primary Items Delivered

Preferred Service Window

Special Handling Requirements

Services Requested

- ☐ **Same-Day Delivery**
- ☐ **Dedicated Routes**
- ☐ **Rush Delivery**
- ☐ **Monthly Account**
- ☐ **Document Courier**
- ☐ **Medical/Pharmacy**

Additional Notes