

**TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA  
AND VICINITY  
6981 North Park Drive, Suite 400, Pennsauken, NJ 08109  
(856-382-2400)**

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*APPLICATION FOR NEW COMPANY*

LOCAL UNION NO# \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BILLING ADDRESS:(IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

ATTENTION OF: \_\_\_\_\_

TELEPHONE NO# \_\_\_\_\_

FAX NO# \_\_\_\_\_

E-MAIL AND/OR WEB SITE ADDRESS: \_\_\_\_\_

FEDERAL EMPLOYER ID# \_\_\_\_\_

STARTING DATE: \_\_\_\_\_

NO# OF EMPLOYEES: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNED TRUST AGREEMENT ENCLOSED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, CHECK ONE:

A) TRUST DOCUMENT AGREED TO IN CBA LANGUAGE \_\_\_\_\_

B) SEND COMPANY TRUST AGREEMENTS \_\_\_\_\_

SIGNED COLLECTIVE BARGAINING AGREEMENT ENCLOSED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, CHECK ONE :

A) AGREEMENT NOT YET AVAILBLE; WILL BE AVAILABLE \_\_\_\_\_

B) COMPANY PART OF AN ASSOCIATION YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES,

NAME OF ASSOCIATION AGREEMENT WHICH COMPANY IS TO FOLLOW:  
\_\_\_\_\_

