

**TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA
AND VICINITY**

**2500 McClellan Ave, Suite 140, Pennsauken, NJ 08109
(856-382-2400)**

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:
