

Company Information			
Company Name:			
DBA:			
Legal Name:			
Type of business: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other:			Years in Business:
Commodity:			
Mailing Address:		City:	State: Zip Code:
Physical Address:		City:	State: Zip Code:
Phone:	Fax:	Website:	
Contact Information			
Name:		Title:	
Phone:	Mobile:	Email:	
Operations Contact			
Name:		Title:	
Phone:	Mobile:	Email:	
Accounting Contact			
Name:		Title:	
Phone:	Mobile:	Email:	
Brokerage (Only complete if using an outside customs brokerage)			
Customs Broker Name:			
Address:		City:	State: Zip Code:
Contact:			
Phone:	Mobile:	Email:	

Shipping Instructions

Port of Loading	Port of Discharge	Terms of sale	Volume

Delivery Instructions

Trucker Name:		Contact:	
Phone:	Mobile:	Email:	
Address:		City:	State: Zip Code:
Warehouse Name:		Contact:	
Phone:	Mobile:	Email:	
Address:		City:	State: Zip Code:

Receiving facility special instructions:

Receiving Hours: <input type="text"/> <input type="text"/>	
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Delivery Instructions

Invoicing Instructions:			
Contact:		Email:	
Address (if different from company mailing address):		City:	State: Zip Code:
Specific documents required in billing packet: <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Arrival Notice <input type="checkbox"/> Others:			
Invoice type: <input type="checkbox"/> Paper Copy <input type="checkbox"/> Electronic Copy			