



CUSTOMER PROFILE



ISO 9001:2000

NAME: _____ **CODE:** _____
ADDRESS: _____ **BRANCH:** _____
ADDRESS 2: _____ **SALESREP:** _____
CITY: _____
POSTAL CODE: _____
PHONE #: _____ **FAX#:** _____

CONTACT INFORMATION

	CONTACT NAME	PHONE #, EXT #	FAX #
Shipper Contact	_____	_____	_____
Consignee	_____	_____	_____
Claims	_____	_____	_____
Other	_____	_____	_____

BILLING INFORMATION

Bill to Code: _____

Remit To: _____

Paperwork Req'd: BOL _____ POD _____ Other _____

Funds Type _____ Prepaid/Collect _____

Billing Preference: Statement _____ Print Invoices _____ EDI _____ Email _____

Temperature Information on Bill of Lading: _____

Billing Comments: _____

Accounts Payable Contact: _____

Notification for Detention Monitoring Charges: Yes _____ No _____

If YES Email Address: _____

Free Time Loading: _____ Free Time Unloading: _____

Border Free Time: _____



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CUSTOMS INFORMATION

Canadian Broker: _____ Contact for Customs Issues: _____

U.S. Broker: _____ Contact for Customs Issues: _____

CSA (Customs Self Assessment): Yes___ No___

PIP (Partners Against Terrorism): Yes___ No___

FAST (Free and Secure Trade): Yes___ No___

C-TPAT (Customs Trade Partnership Against Terrorism): Yes___ No___ SVI# _____

EDI to Customs Broker: Yes___ No___

SERVICE REQUIREMENTS

Allow as: Bill To _____ Consignee _____ Load At _____

Service Alert Window: _____ (in minutes) JIT: Yes___ No___

Loading Appt Req'd: Yes___ No___ Contact Name: _____

Unloading Appt Req'd: Yes___ No___ Contact Name: _____

Loading/Unloading Instructions: _____

Can We Outsource Your Freight: Yes___ No___

	LOADING HRS		UNLOADING HRS	
	FROM	TO	FROM	TO
Sunday	_____	_____	_____	_____
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____

Commodity: _____

Heat Req'd: _____ All Year?: _____ Reefer Req'd: _____

Can Product be Loaded on Reefer?: _____



CUSTOMER PROFILE

Maximum Value per Shipment: \$ _____ U.S. CDN

Equipment Req'd: _____ Length: _____ Height: _____ Width: _____

Other Equipment Req'd: _____

Require/Permit Trailers Dropped for Loading: _____

Trailer Pool Req'd: _____ Free Days: _____

Loaded Trailers Picked Up 24 Hrs, 7 Days/Week: _____ When: _____

Require/Permit Trailers Dropped for Unloading: _____

Trailer Pool Req'd: _____ Free Days: _____

Are Trailers Sealed by You?: _____ Weight Facilities on Site?: _____

Are Loads: Shipper Load & Count _____ Shipper Load, Carrier Count _____
Carrier Load & Count _____ Shipper Load & Count, Cons Unload _____
Floor Load _____ Slip Sheet _____ Palletized _____

Stop Offs: Products Marked or Separated? _____

If Palletized: Shippers Pallets _____ Consignee Keeps Pallets _____
Pallet Return _____ Carrier Exchange Policy _____
Pallets Return to Other Locations _____

Hazardous Materials: _____

UN #: _____ Class #: _____

GENERAL DIRECTIONS
