



**NEW CUSTOMER SETUP INFORMATION**

DATE \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ SALES REP.: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**KEY CONTACTS:**

BILLING CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SHIPPING CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**OTHER KEY CONTACTS:**

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_ E-MAIL \_\_\_\_\_

**ON-LINE ADMINSTRATOR INFORMATION: (FOR USE WITH OUR ONLINE ORDER ENTRY & TRACKING)**

NAME \_\_\_\_\_ PH# \_\_\_\_\_ E\_MAIL \_\_\_\_\_

USER NAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

**DESCRIPTION OF PRODUCTS/MATERIAL YOU SHIP:** \_\_\_\_\_

\_\_\_\_\_

**HOW IS IT SHIPPED:**  BOXED  CRATED  PALLETIZED  LOOSE OR FLOOR LOADED  PAD WRAPPED

OTHER \_\_\_\_\_ AVG. WEIGHT OF YOUR SHIPMENT(S): \_\_\_\_\_

TYPE OF EQUIPMENT YOU WOULD BE REQUESTING:  SMALL TRUCK  CARGO VAN  SPRINTER VAN

STRAIGHT TRUCK  FLAT BED  DRY VAN  HEAVY HAUL  REEFER

FAX TO: 972-428-2202 OR E-MAIL TO ACCOUNTING@JETEXLOGISTICS.COM