



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