|  |
| --- |
| Contact Information |
| Company Name |   | Date |   |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
| Physical Address |   |
| City, State, Zip |  |
|  |
| Billing Information |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
| Billing Address |  |
| City, State, Zip |  |
|  |
| Additional Contact *(If applicable)* |
| Contact Name |   | Title |   |
| Email |   | Phone |   |
|   |
| Quality Information |
| Professional organization memberships (ISRI, IMA, etc.) |
|  |
| Quality, Environmental, Health & Safety certifications (ISO, RIOS, etc.) |
|   |
| Shipping/Receiving requirements (Scheduling, pickup/delivery umbers, etc.) |
|  |

|  |
| --- |
| *For Office Use Only* |
| *To be completed by Shipping & Receiving Representative* |
| Obtain all applicable information from Freight Service carrier: |
|  |  | Enter information in to Contact Data Base |
|  |  | Detention Time Rules & Fees |
|   |   | Cancellation Rules & Fees |
|  |  | Spill Prevention Plans & Fees |
|  |  | Tarping Fees |
|  |  | Missed Delivery Appointments & Pickup |
|   |   | Damage Reporting & Trailer Restrictions |
|   |   |  |
| Collect and attach the following information |
|  |  | DOT Compliance Number |
|  |  | Operator’s License(s)  |
|   |   | Insurance Certificate |
|  |  |  |
| Complete |  |
|  | Shipping & Receiving Representative – Signature & Date |
|  |
| Attach all documents to application and turn in to Controller for Approval |
|  |  |
| Payment Terms |  |
|  |  |
| Approval |  |
|   | Controller, VP, or President - Signature & Date |