



SALESPERSON: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

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

Company Address & City: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**AFTER HOURS CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

**CUSTOMS BROKER**

Inbound/Northbound: \_\_\_\_\_

Account # \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Outbound/Southbound: \_\_\_\_\_

Account # \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**SHIPPING/RECEIVING**

**SHIPPING**

**RECEIVING**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Hours: \_\_\_\_\_

Hours: \_\_\_\_\_

Weekend shipping/receiving available: \_\_\_\_\_

Does your facility have any restrictions/procedures drivers need to be aware of:

Vehicle restrictions: \_\_\_\_\_

Dock restrictions: \_\_\_\_\_

Do drivers have access to watch loading/unloading of trailers: \_\_\_\_\_

Does your company participate in CTPAT/PIP? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, does your company have procedures in place for the security of goods and/or people \_\_\_\_\_

**INVOICING**

Do you prefer to receive your freight invoices via email? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you require POD backup with your invoices? Yes: \_\_\_\_\_ No: \_\_\_\_\_

PLEASE EMAIL COMPLETED FORMS TO [dispatch@transprofreight.com](mailto:dispatch@transprofreight.com)

Border surcharge : \_\_\_\_\_

Fuel: \_\_\_\_\_