



NEW CUSTOMER PROFILE

*Please Print clearly & Check boxes

Company Name: _____
 Trade Style (If different than above): _____
 Address: _____
 City: _____
 Province/State/Postal Code: _____
 Phone #: _____

Office Use Only	
Account #:	_____
Sales Rep:	_____
Credit Rep:	_____
CSR:	_____

CONTACT INFORMATION

	Contact Name	Phone # (ext)	Email
Main Contact:			
Shipping Contact:			
A/P Contact:			
Claim Contact			

BILLING INFORMATION

Same as above: YES

Complete below if different:

Address: _____	City: _____
Postal Code: _____	Phone #: _____

Remit to: _____

Electronic invoicing is free, paper based billing is an extra charge.

Review of information on the Bill of Lading:

Consignee: Consignee Address: Pieces:
 Pallet(s): Weight (lbs/kgs): Freight Terms (PPD/COL):
 PO#: Temperature (Separate bill for Fresh and Frozen):

Credit Information

Identity: Corporation Co-operative Partnership Proprietorship

Nature of Business: _____

Date Business Established (M/D/YEAR): _____

Credit Requirements \$: _____

Bank: _____

Branch: _____

Address: _____

Phone: _____

Line of Credit: _____

Security: _____

Is Certified Chartered or Public Accountant employed to audit books? YES

NO

*Please, check boxes and fill out accordingly:

Principal Suppliers, Trade References *minimum of 3 references		
NAME:	ADDRESS:	PHONE/EMAIL:

SERVICE REQUIREMENTS:

Loading Appointment Required: Yes No

Contact Name	Phone Number (ext)	Email Address

Unloading Appointment Required: Yes No

Contact Name	Phone Number (ext)	Email Address

Trailer Accessible: Yes No

Tailgate: Yes No

Loading Dock: Yes No

Loading/Unloading Instructions: _____

	LOADING HOURS		UNLOADING HOURS	
	TO	FROM	TO	FROM
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

Require trailers Dropped for Loading: Signed Drop Trailer Agreement:

Trailer Pool Required:

Are loads: Shippers Load & Count Carrier Load & Count

Are Drivers allowed on the dock for counting loading/unloading: Yes No

How is product labeled: _____

Is Product Terminally Split: Yes No

Assigned Load Stop: _____

Pick Up Communication: Phone Email On line pick up entry

On line Track & Trace Set up: Yes No

General Information:

Commodity: _____

Customs Broker (if applicable): _____

Other Comments:

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AFFIRMS THAT ANY CREDIT GIVEN TO ME IS EXTENDED UPON THE BASIS OF SUCH INFORMATION.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT I HAVE BEEN INFORMED OF YOUR PREVAILING TERMS FOR REPAYMENT AND AGREE TO PAY A SERVICE CHARGE OF 2% PER MONTH (24% PER ANNUM) ON ANY BALANCE UNTIL PAID.

DATE: _____

SIGNATURE: _____