

NEW CUSTOMER FORM

REMIT TO:

E-mail: support@approvedforwarders.com

Fax: (562) 699-4826

Company Name:	Website:
	Title:
	E-mail:
	Title:
	E-mail:
Physical Street Address:	
City, State, Zip:	
Tel.: Fax:	
Is this a Pickup and/or Delivery Address? ☐ YES ☐ N	0
Billing/Mailing Address:	
City, State, Zip:	
Tel.: Fax:	E-mail:
Have you applied for Credit? ☐ YES ☐ NO	
Do you have any special requirements/requests for billing?:	
Sales Rep:	
Type of Business (i.e. Retail, Wholesale, Construction, etc):	
Please tell us about your business: Years in Business:	
Current Freight Forwarder(s)/Transportation Provider(s):_	
	Select One: FCL LCL BOTH
	Average Size of shipment: lbs, cuft
	□ NO If yes, How often?:
	If yes, how often?:
Pickup Requirements	
Do you require pickup services from origin to our West Coast loading Terminal? ☐ ALWAYS ☐ NEVER ☐ SOMETIMES	
Are there any special requirements for pickup we should be aware of?:	
Delivery Requirements	
Will your freight deliver to multiple locations?: YES	□NO
If yes, how will you notify us of delivery instructions:?	
If delivering to your location, answer the following:	
(1) Do you have a forklift? ☐ YES ☐ NO	(2) Can you accept a Container Spot: ☐ YES ☐ NO