

## **NEW CUSTOMER FORM**

REMIT TO:

E-mail: support@approvedforwarders.com

Fax: (562) 699-4826

Company Name:		Website:
Point of Contact:		_ Title:
Tel:	E-ma	il:
Alternate Contact:		
Tel:	E-ma	il:
Physical Street Address:		
City, State, Zip:		
Tel.:	Fax:	
Is this a Pickup and/or Delivery Address? ☐ YES ☐ NO		
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):		
Years in Business:		
		Select One: ☐ FCL ☐ LCL ☐ BOTH
How frequently do you ship?: Average Size of shipment: lbs, cuft		
Do you ship from the island to the US Mainland?   YES  NO If yes, How often?:		
Do you ship Hazardous Materials?	☐ YES ☐ NO If yes	s, how often?:
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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?:		
Are there any special requirements for pickup we should be aware or:		
Delivery Requirements		
· '	a locations?· □ VES □	NO
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	=	2) Can you accept a Container Spot: ☐ YES ☐ NO
(±) Do you have a lorkiii	125 _ 100 (.	2) San you accept a container spot. Li 113 Li NO