|  |  |  |  |
| --- | --- | --- | --- |
| 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 |