

NEW CUSTOMER FORM

REMIT TO:

 $\hbox{E-mail: in fo@World freight solution.com}\\$

Fax: (212) 739-9224

Company Name: Website:	
Point of Contact: Title:	
Tel: E-mail:	
Alternate Contact: Title:	
Tel: E-mail:	
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):	
Please tell us about your business:	
Years in Business:	
Current Freight Forwarder(s)/Transportation Provider(s):	
Type of Freight/Commodities you ship: Select One: \[\subseteq \text{FCL} \text{LC} \]	
How frequently do you ship?: lbs,	
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, how often?:	
Pickup Requirements	
Do you require pickup services from origin to our West Coast loading Terminal? ALWAYS NEVER Solution	OMETIMES
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