

## FREIGHT ACCOUNT APPLICATION FORM

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

PR: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### PRIMARY DECISION MAKER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECONDARY DECISION MAKER

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PRIMARY TRADE REFERENCE

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECONDARY TRADE REFERENCE

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMAIL AUTHORIZATION (Please Circle)

Yes / No      I/we agree to receive email communications (weekly availability lists, seasonal specials, and news and updates)