



CUSTOMER PROFILE

P.O.Box No. 1019
 Westmont, Illinois 60559
 Toll Free : 800-495-6047
 Fax & Voice Message : 800-495-6093

COMPANY INFORMATION: Company Name : Contact Person : Address 1 : Address 2 : City/ State : Zip/ Country : Phone: Fax : E-Mail :	BILLING INFORMATION: Same as company information: <input type="checkbox"/> Company Name : Contact Person : Address 1 : Address 2 : City/ State : Zip/ Country : Phone: Fax : E-Mail :
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FREIGHT DESCRIPTION :
 (Clearly describe the freight, especially shipping DOT hazardous material with NMFC item no.if possible):

FREIGHT DESTINATION : Nation wide: <input type="checkbox"/> (Else check the appropriate regions) <input type="checkbox"/> Northeast <input type="checkbox"/> Southern states <input type="checkbox"/> East Coast <input type="checkbox"/> West Coast <input type="checkbox"/> Southeast <input type="checkbox"/> Northwest <input type="checkbox"/> Midwest <input type="checkbox"/> Rocky Mountains	Do you ship your freight to: <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Canada <input type="checkbox"/> Mexico Average weight of freight Average no. of shipments per week Own truck for local delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No
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SERVICES NEEDED : (check the necessary services)

1. Letter or Package [Domestic] []	3. Expedited [Domestic ground] []	5. Truck load/ Volume load []	7. Air [Domestic] []
2. Local [Metro] []	4. LTL [Less than truck load] []	6. Rail/ Intermodal []	8. International []

ADDITIONAL SERVICES NEEDED : (check the necessary services)

1. Residential pickup []	7. Lift gate []	13. Strap & Tarp []	19. Border crossing []
2. Residential delivery []	8. Arrival notification []	14. Detention time []	20. Refrigeration services []
3. Inside pickup []	9. Blind shipment []	15. Stop offs []	21. Air-ride equipment []
4. Inside delivery []	10. Hazardous material []	16. Cross dock []	
5. Construction site pickup []	11. Tagging & Marking []	17. Storage []	
6. Construction site delivery []	12. Sorting & Segregating []	18. Exhibition services []	

FREIGHT PICKUP LOCATIONS : Company : Contact : Address 1 : Address 2 : City / St / Zip : Phone : Fax : Email :	(List other warehouse locations, attach additional page if required) Company : Contact : Address 1 : Address 2 : City / St / Zip : Phone : Fax : Email :
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CURRENT COMMON CARRIER BEING USED :

Name of the Carrier <small>(Please include the local metro and regional carriers)</small>	Account no.	Discount	Minimum	Additional Info.

If you are introduced by Econoship sales person please mention his name or ID :

The above information is true to the best of my knowledge.

Signature: _____ Print name: _____ Title: _____ Date: _____

We need copies of latest freight bills (4-5) to evaluate and provide the best rates & service.