



SHIPPING FACILITY INFORMATION

COMPANY INFORMATION

Company name:		
Phone:	Fax:	Email:
Address:		

THE FACILITY

Freight contact person:	Ext. #	E-mail:
After hours contact: (In case of emergency)		After hours phone:
Secondary freight contact:	Ext. #	E-mail:

ALL FREIGHT PICK UP AND DELIVERY NOTIFICATIONS (TRACKING AND TRACING) ARE E-MAILED.

What is the person(s) name and e-mail address(es) you want them sent to if different than above?

Name:	E-mail:
Name:	E-mail:
Shipping hours:	Receiving hours:
Do you close early anytime, if so, when?	Are you closed over lunch hour? If so, what time?
Are you able to ship or receive on a 2 nd or 3 rd shift?	2 nd shift contact person: Ext #

LOADING

Do you have dock loading?	Ground Loading?
Can a full size Tractor trailer load and unload in your facility?	

CUSTOMS BROKER INFORMATION – PLEASE PROVIDE ACCURATE INFORMATION FOR CLARITY OF BORDER CROSSINGS

Inbound Customs Broker:	Tel:	Fax:
Account or Client number:	Contact name:	
Outbound Customs Broker:	Tel:	Fax:
Account or Client number:	Contact name:	

IMPORTANT: Please ensure Service Freight Systems Inc is updated if and when any of this information changes. Thank you.

Print name: _____

Date: _____

Signature: _____