



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: _____