



**Client Profile**

To be completed by the salesperson. All fields are required in order to add the client to the system.

**Customer Information**

Company Name	Mailing Address	City	State	Zip	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EIN or Social Security#	Sales Contact	Bus. Phone	Cell	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Order Processing**

Individual(s) authorized to submit booking & approve pricing on the company's behalf (minimum of one required)

Name	Bus. Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Bus. Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Billing Information**

Accounts Payable Contact

Is a purchase order required?  Yes  No If yes, please provide details below:

Is billing address different from mailing address?  Yes  No

Billing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Consignee Information**

Company Name	Physical Address	Mailing Address	City		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
State	Zip	Phone	Fax	Contact Name	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Loading Facility Information**

Company Name	Physical Address	Mailing Address	City			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
State	Zip	Phone	Fax	EIN or Social Security#	Contact Name	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Instructions (Loading, Billing, Reporting, Documentation, Letters of Credit, etc.) - Be Specific