



# NEW CUSTOMER INFORMATION & CREDIT APPLICATION

Please email completed form to [newcustomer@softtrans.com](mailto:newcustomer@softtrans.com) or fax it to 909-566-0846.

## Company Information

Please check box(es) indicating your role  Bill-To  Importer  Shipper  Other\* (please specify)

Company Type Year Business Established Fiscal Year Start Date (MM/YYYY)

Company Name

Doing Business As (if different)

Street Address

Mailing Address (if different)

City State/Province

Zip/Postal Code Country

Phone \*\* Fax

Website

Industry Description or SIC

Bill-to Party Name

Street Address

City State/Province

Zip/Postal Code Country

IRS/SS #\*\* (SS # not allowed for export) Canadian Business # (if applicable)

US Customs Bond # MID # (if applicable) FDA Reg. # (if applicable)

Please provide the name of your highest-level, parent company

For which service(s) do you plan to use SoftTrans (e.g., Trucking, freight forwarding, warehousing & distribution, etc.)?

How many shipments/movements do you anticipate monthly?

Which US/Canada port(s) of entry will you most frequently use?

If you are presently working with a SoftTrans sales representative, please provide their name:

Which mode(s) of transportation will you use (i.e., ocean, air, truck, rail)?

## Contact Information

Please provide the names, titles, phone numbers, and email addresses for the contacts listed below. This will allow SoftTrans to contact the appropriate parties.

**Contact: Logistics** (Customs brokerage, warehousing & distribution, transportation)

Please use other contact space below if more than one contact exists for operations.

Name Title

Email Address Phone Number

If you are the primary contact, please indicate if you would like to receive important regulatory alerts (e.g., CBP, FDA) via email.  Yes  No

**Contact: Logistics**

Name Title

Email Address Phone Number

**Other Contact\*\***

Name Title

Email Address Phone Number

\*Please check "Other" for consignees, agents, and other parties for customers who are exporting.

\*\*Contact name, phone number, and IRS # required for exporting shippers.



**NEW CUSTOMER INFORMATION & CREDIT APPLICATION**

**Invoice/Statement Delivery**

Unless the "No" box is checked, invoices and statement will be delivered to the email address below.  No

Name	Title
Email Address	Phone Number

**Secondary Email Address**

Name	Title
Email Address	Phone Number

Customers can elect to receive one invoice per email or an entire day's shipments within one email. Please indicate your preference below.

One invoice per email  Yes  No

Multiple shipments per email  Yes  No

**Credit Information**

Please ensure that the below information is accurate and complete.

Duns # (if applicable)

Requested Monthly Credit Limit

How much do you anticipate SoftTrans will outlay on your behalf for freight and/or duty per shipment?

**Bank Reference**

Bank Name

Contact Name

Street Address

Mailing Address (if different)

City	State/Province
Zip/Postal Code	Country
Phone	Fax

**Trade Reference** (please provide information for one vendor with whom you do business)

Company Name

Contact Name

Street Address

Mailing Address (if different)

City	State/Province
Zip/Postal Code	Country
Phone	Fax

**Company Officers**

President/CEO

Vice President

Secretary/Treasurer/CFO

**Comments**

I am a duly authorized representative of the Company, and hereby acknowledge that the above information is true and correct, and agree to the terms and conditions located on the attached documents, including our technology policy as may be applicable, as well as posted on [www.softtrans.com](http://www.softtrans.com).

<b>Signature</b>	<b>Name</b> (please print)
<b>Title</b>	<b>Phone</b>
	<b>Date</b>