



Client Profile Form

General Information

Issued:

Company Name

Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

Web Site

Contact(s)

Area Code

Phone Number(s)

**After Hours
Emergency Contact(s)
and Phone Number(s)**

Key Contacts / Key Personnel

Name

Position

Responsible for

Name

Position

Responsible for

Are You a "Known" Shipper?	Yes	No
Please Roster Your Primary Carriers	#1 #2 #3	

Current Monthly Transportation Expenditure(s)

Services Required	Average Weight	Volume
NFO/Same Day		
Overnight		
Second Day		
3-5 Day		

Logistics		
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International Import (air/ocean)		
International Export (air/ocean)		

Trade Shows		
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Charters		
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Special Requirements (please explain)

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Special Needs, Challenges, and/or Requests (please circle and explain)

I'd like to request a site visit.	Yes	No
I'd like to discuss a specific project.	Yes	No
I'd like to request a "ballpark" quote.	Yes	No
Other – please explain below in detail...		

In what specific ways might we improve our quality of service?

In what specific ways may we help you improve upon your own quality of service?

Anderson Representative (designated account manager): _____