



COMPASS  
LOGISTICS &  
MARINE LLC

## NEW CUSTOMER FORM

REMIT TO:

E-mail: team@compasslogisticsmarine.com

Fax: (954) 526-6673

Company Name: _____	Website: _____
Point of Contact: _____	Title: _____
Tel: _____	E-mail: _____
Alternate Contact: _____	Title: _____
Tel: _____	E-mail: _____

Physical Street Address: _____
City, State, Zip: _____
Tel.: _____ Fax: _____
Is this a Pickup and/or Delivery Address? <input type="checkbox"/> YES <input type="checkbox"/> NO

Billing/Mailing Address: _____
City, State, Zip: _____
Tel.: _____ Fax: _____ E-mail: _____
Do you have any special requirements/requests for billing?: _____

Type of Business (i.e Marine, Aviation, Wholesale, Retail, Etc.): _____
Please tell us about your business: _____
Years in Business: _____
Current Freight Forwarder(s)/Transportation Provider(s): _____
Type of Freight/Commodities you ship: _____ Select One: <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> BOTH
How frequently do you ship?: _____ Average Size of shipment: _____ lbs, _____
Do you ship Hazardous Materials? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how often?: _____

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_