

# Client - Updated Information

In order to update our dispatch software and accounting system, we would like you to answer the questions below. This will allow us to have your accurate and current information in the future.

## Company Information

Company Name \*  Legal Company Name \*  Industry \*   
 Website \*  Email \*  Address \*  City \*  Prov /  
 State \*  ZipCode \*  Country \*  Phone \*  Toll Free \*  
 Fax \*  Language \*  Time Zone \*

## Taxes

Tax ID \*  Tax Country \*

## Main Contact

If you want to add additional email addresses, please separate with a semicolon ;

Full Name \*  Title \*  Phone \*  Mobile \*  Email \*

## Pick-up and Delivery Contact

Full Name  Title  Phone  Mobile  Email

## Accounting Contact

Full name \*  Title \*  Phone \*  Mobile \*  Invoicing  
 Email \*  Account Statement Email \*

## Shipping Requirements

Please select those requirements needed.

Tailgate  In-Side Delivery  B Train  Double Deck  Drop Deck  Dry Van  Flat    
 Bedjigger Reefer  Rolltite  Step Deck  Straight Body  Tail Gate  White Glove Service

## Appointment

Required

## Warehouse hours of operation

Monday from \*  Monday to \*  Tuesday from \*  Tuesday to \*  
 Wednesday from \*  Wednesday to \*  Thursday from \*   
 Thursday to \*  Friday from \*  Friday to \*

## Accessibility

Highway Trucks  City Trucks  Loading Dock  No touch contact  Tailgate

## Custom Broker Information

Import Custom Broker \*  Export Custom Broker \*

Specify the name of your import broker

Only edit this fieldset if "Import Custom Broker" is set to "Other".

Name of import custom broker

Specify the name of your export broker

Only edit this fieldset if "Export Custom Broker" is set to "Other".

Name of export custom broker

Operation Reports

Email for Operation Reports \*

Please fill all the letters into the box to prove you're human. R T L A P  Please keep this field empty:

Submit

From:

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Permanent link:

<https://docs.albgruppe.com/en/logistique/forms/complete-client-information>

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