

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 ☐
 Bed Jigger 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.albgroupe.com/en/logistique/forms/complete-client-information>

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