



Customer Checklist (Part A)

Company Name: _____

Type of Business: _____

Contact: _____ Position: _____

BILL TO Address: _____

Do you have multiple divisions?: _____ Confirm ALL addresses using Part B

SHIP TO Address(s): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Require Appointments?: _____ Receiving Contact Name: _____

Receiving Days/Hours: _____

How many loads can you receive per day? Truck: _____ Rail: _____

Do you require vertical blocking?: _____ Truck Tarping?: _____

Serving Railroad & Railroad Address: _____
(We are served by CSX)

Clarify Transloader Shipments: _____

Paperwork (circle one for each item)

INVOICE	Mail	Fax	Email		
BOL	Mail	Fax	Email	With Load	With Invoice
MTR	Mail	Fax	Email	With Load	With Invoice

Method of Unloading: Overhead Crane _____ Max Lift: _____

Forklift _____ Max Lift: _____



Customer Checklist

Additional Ship To Addresses (Part B)

Company Name: _____

Contact: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

24 HRS Notice: _____ Appointment: _____

Receiving Contact Name: _____

Receiving Days/Hours: _____

How many loads can you receive per day? _____ (truck and rail)

Blocking Specifications: _____

Preferred Mode of Transportation: _____

Truck Comments: Tarp: _____ Time Frame: _____

Serving Railroad & Railroad Address: _____

(We are served by CSX)

Clarify Transloader Shipments: _____

Method of Unloading: Overhead Crane _____ Max Lift: _____

Forklift _____ Max Lift: _____