



CLIENT PROFILE

Please provide us with your company information, expectations and requirements so we may better serve you. Fill out the PDF and email it to info@securelogisticsolutions.com
Thank you.

COMPANY NAME: _____

BILLING ADDRESS: (STREET) _____

CITY / STATE / ZIP CODE: _____

CORPORATE CONTACT: _____

PHONE: _____ EXT: _____

FAX NUMBER: _____

E-MAIL: _____

SHIPPING ADDRESS: (STREET): _____

CITY / STATE / ZIP CODE: _____

CONTACT: _____

PHONE: _____ EXT: _____

FAX NUMBER: _____

E-MAIL: _____

SHIPPING / RECEIVING HOURS: _____

PRODUCT DESCRIPTION: _____

CLASSIFICATION (S): _____ PALLET OR BOX SIZE: _____

AV. PALLET WT: _____ BOX WT: _____

SPECIAL REQUIREMENTS: (APPOINTMENT DELIVERY, LIFT GATES, INSIDE DELIVERY) ?

SHIP: (LTL, T/L, RAIL, TRUCK) ? _____

EQUIPMENT REQUIREMENTS: (VAN, FLATBED, AIR RIDE)? _____

EXPECTATIONS & REQUIREMENTS: _____

