



NEW CLIENT FORM

COMPANY INFORMATION

Company Name :

Address :

As it appears to
US Postal Service

Point of Contact :

Point of Contact :

Title :

Title :

Phone Number :

Phone Number :

E-Mail :

E-Mail :

ACCOUNTING / AP

Point of Contact :

Point of Contact :

Title :

Title :

Phone Number :

Phone Number :

E-Mail :

E-Mail :

ALL-RISK CARGO INSURANCE REQUIREMENT?

YES, we want cargo insurance on all shipments

NO, We have our own Marine cargo Insurance Policy OR We do not want to insure our shipments

MAYBE, We would like more information about insurance

How did you hear about us?

Web Search

Referral If so, referred, by whom? _____

Advertisement

Industry News Article

KHI Reached out to me

Other