



CSI – NEW CUSTOMER INFORMATION

Customer Name: _____

Mailing Address: _____

Phone#: _____ Fax# _____

Contact Name & Title: _____

IRS#: _____ GST/BN#: _____

Own Bond: _____ Broker Bond: _____

Number of Shipments per month: _____ Est. Value: _____

Ports of Entry: _____

Commodities (H.S. Code if known): _____

Special Requirements (IE: Permits, FDA, CFLA, ETC...): _____

Copies of NAFTA certificates, attached: _____ To Follow: _____

Standard billing profile for division: _____

Special Billing Profile# _____

Customer Acceptance – Name & Title: _____

CSI Approval _____

Date: _____