



Tel: 519-326-0101 Fax: 519-326-0204
www.bonneaufreight.com

CUSTOMER PROFILE

GENERAL INFORMATION

LEGAL NAME OF COMPANY:	
TRADE NAME (If different than above):	

PHYSICAL ADDRESS		MAILING Same as Physical Address	
ADDRESS 1			
ADDRESS 2			
CITY, PROV.			
POSTAL CODE			

WEB SITE	
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CONTACTS

LOGISTICS PURCHASER		AFTER HOURS	
NAME		NAME	
E-MAIL		E-MAIL	
PHONE		PHONE	
FAX		FAX	
CELL PHONE		CELL PHONE	

PURCHASER'S PREFERRED COMMUNICATION: Phone Cell Phone E-mail Fax

GENERAL MANAGER		ACCOUNTS PAYABLE	
NAME		NAME	
E-MAIL		E-MAIL	
PHONE		PHONE	
FAX		FAX	
CELL PHONE		CELL PHONE	

BUSINESS NUMBERS

SVI# (FAST):		CDN Business #:	
IMPORTER # (CSA):		IRS Tax ID:	



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HOURS OF OPERATION

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SHIPPING	Start Time							
	End Time							
RECEIVING	Start Time							
	End Time							

Appointment Required: SHIPPING Yes No RECEIVING Yes No

BILLING

BILLING ADDRESS <input type="checkbox"/> Same as Mailing Address		THIRD PARTY ADDRESS	
ADDRESS 1			
ADDRESS 2			
CITY, PROV.			
POSTAL CODE			

POD Required: Yes No

OTHER BILLING OR SHIPPING INSTRUCTONS: _____

BROKERS

INTO CANADA		INTO UNITED STATES	
COMPANY NAME			
ADDRESS 1			
ADDRESS 2			
CITY, PROV.			
POSTAL CODE			

How did you hear about Bonneau Freight Management?
