

CLIENT INFORMATION QUESTIONNAIRE

Co. Name:	Co. Phone: ()	Sole Prop. [] Partnership []
Co. Address:	Co. Fax: ()	Incorp. In State of:
	IRS #: ()	Incorp. As of:
Billing Address (if different)	Owner/CEO/President:	Controller:
	P:() F:()	P:() F:()
Surety Bond:	Commodity:	Import Mgr:
STB [] Continuous [] If continuous, need copy	# of shipments:	P:() F:()

TRUCKING: Direct [] FPA [] Obtain Quota []	Air-Trucker:
Ocean - Trucker:	P:() F:()
P:() F:()	Contact:
Contact:	Cartons [] Containers [] GOH []
Cartons [] Containers [] GOH []	
Delivery Address:	Call First: Yes [] No [] P: ()
	Delivery Contact: F: ()

Do you wish your reference number to appear on our invoice? Yes [] No []

Special Instructions or Additional Requirements: _____

Authorized Signature _____ Name & Title (please print) _____ Date _____

"Let Our Team Communicate With Your Team!"

Mark S. Rosen, Vice President Operations
 Ext. 177 - email: markr@fpajfk.com _____

Sherrie Stevenson, Vice President Client Services
 Ext. 199 - sherries@fpajfk.com _____

Norman Marchetti, President
 Ext. 188 - email: normanm@fpajfk.com _____

Stan Wawrzonek, Chief Executive Officer
 Ext. 111 - stanw@fpajfk.com _____

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