

## Account Profile

*\*Indicates Required Field*

|                                    |  |   |   |
|------------------------------------|--|---|---|
| <b>*Profile Type:</b>              | New Account: AFC <input type="checkbox"/> RLG <input type="checkbox"/> | Existing: <i>(R+LC Customer)</i> <input type="checkbox"/> | One Time Shipment: <input type="checkbox"/> <i>Prepay Only</i>  |
| <b>*Sales Station Code:</b>        | <b>*R+LC Acct #</b> <i>(For existing R+LC customers)</i>               |   |   |
| <b>*Account Class:</b>             | Domestic Only: <input type="checkbox"/>                                | International Only: <input type="checkbox"/>              | Both: <input type="checkbox"/> <i>For International Only:</i> Agent <input type="checkbox"/> SC2 <input type="checkbox"/> IFLN <input type="checkbox"/> |
| <b>*Name of AFC/RLG Sales Rep:</b> | <b>*Territory ID:</b> <i>(Required for RLG accts)</i>                  |   |   |

| *Customer Information  |  |
|--|--|
| *Customer Name:  |  |
| *Physical Address:   |  |
| *City/State/Zip:   |  |
| *Phone Number:   | Fax Number:  |
| *Contact Name:   |  |
| Email Address:   | Web Site Address:  |
| *Is your company C-TPAT certified? Yes <input type="checkbox"/> No <input type="checkbox"/>  | *If yes, please provide SVI#:  |
| <b>Billing Information</b> : Same as Physical Address: <input type="checkbox"/> Same Customer, Different Billing Address: <input type="checkbox"/> |  |
| Freight Payment Company <i>(if Applicable)</i> :   |  |
| Attention:   |  |
| *Address :   |  |
| *City/State/Zip:   |  |
| *Phone:  | AP Contact:  |
| Fax:   | Email:   |
| <b>*Type of Payment Terms Requested:</b>   | Net 30 <input type="checkbox"/> FCCOD <input type="checkbox"/> Prepayment <input type="checkbox"/> Ocean 15 <input type="checkbox"/> |
| *Est. Monthly Revenue: \$  | Requested Credit Limit: \$   |

|  |                            |
|--|----------------------------|
| *1. Will the freight be insured? Yes <input type="checkbox"/> No <input type="checkbox"/>  | *2. What is the commodity? |
| *3. Is this customer a Third Party Logistics (3PL)? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide 3PL information below.</i> |                            |
| <b>3PL Name:</b>   | <b>3PL Customers:</b>      |

*If a 3PL, the Known Shipper must be the entity the 3PL is responsible for, not the 3PL itself.*

| *TSA Shipper Verification  |
|--|
| Known Shipper: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please attach copy of TSA verification screen print or Site Visit Verification Form</i> |

| *Customer Shipment / Billing Requirements |   |   |   |
|---|---|---|---|
| Del Appt <input type="checkbox"/>         | Call Before Del <input type="checkbox"/>  | Req. BOL <input type="checkbox"/>         | Req. POD <input type="checkbox"/> Notify on POD <input type="checkbox"/> Print POD <input type="checkbox"/> |
| Ref 1:                                    |   | Ref 2:                                    |   |
| Ref 3:                                    |   | Other Req.:                               |   |
| POD Print (hardcopy)                      | Required to Bill <input type="checkbox"/> | Attach w/Invoice <input type="checkbox"/> | Attach w/Statement <input type="checkbox"/>   |
| Bill of Lading (BOL)                      | Required to Bill <input type="checkbox"/> | Attach w/Invoice <input type="checkbox"/> | Attach w/Statement <input type="checkbox"/>   |

*FOR EDI BILLING: Please contact IT via a Helpdesk Ticket*

| *Customer Rate Information   |           |
|--|-----------|
| <i>The Fuel Surcharge will be applied to all new customers unless otherwise indicated below</i>  |           |
| Tariff: <input type="checkbox"/> Quoted: <input type="checkbox"/> AFC Standard Fuel Surcharge Required? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please provide reason)</i> |           |
| Reason:  | Comments: |

|                                     |
|-------------------------------------|
| <b>Other Comments/Instructions:</b> |
|                                     |

|                                      |  |               |
|--------------------------------------|--|---------------|
| <b>Submitted By:</b>                 |  | <b>Date :</b> |
| <b>Authorized Station Signature:</b> |  | <b>Date :</b> |

*Authorized station signature is required for all new accounts.*