

CUSTOMER QUESTIONNAIRE

REQUIRED INFORMATION

Required Fields*

Company Name*

Physical Address*

Zip Code*

City*

State/Province*

Country*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Billing Address Same as Physical Address

Billing Address*

Zip Code*

City*

State/Province*

Country*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated Maximum Load Value*

Our default billing is via email (*Copies of bills of lading can be attached*).
Please select your required method below.

Mail

What email address should we use for invoices?

Email

Fax

Invoicing Fax Number

EDI

EDI Contact Name

EDI Contact Number

<input type="text"/>	<input type="text"/>
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Do any of the FDA's Food Safety Modernization Act (FSMA) regulations apply to the commodities on the loads that will be tendered to TQL by your company?

No

Yes

If yes, please describe any FSMA protocols that you have in place so that TQL, as a non-asset based broker, can accurately communicate them to the third-party motor carrier:

CUSTOMER QUESTIONNAIRE

COMPANY CLASSIFICATION

Year Business Started

D & B Number

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Company Type

Sole Proprietor (*Owner name*)

Cooperative

Limited Liability Partnership

Other (*List below*)

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Limited Liability Company

Corporation

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What transportation services do you currently use? (*Check all that apply*)

Truckload

Drayage

Final Mile

Intermodal/Rail

Domestic Air/Expedite

Warehousing

LTL

International Air/Ocean

Project Logistics

Cross-Border Canada

Intra-Canada

Oversize/Overweight

US Customs

Cross-Border Mexico

Drop Trailer

Stock Symbol (*if publicly traded*)

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Estimated Full Truckloads a Week

1-10 11-25 26-50 51-75 76-100 101+

ACCOUNTS PAYABLE

Accounts Payable Contact

Accounts Payable Phone

Accounts Payable Email

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Will we invoice other locations?

No

Yes (*List additional locations*)

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BILLING INFORMATION

At TQL, we're trying to reduce the use of paper to protect the environment. Please keep this in mind when making your selections regarding billing options.

Will we invoice a 3rd party payment processor?

No

Yes

3rd Party Invoicing Company

3rd Party Payment Contact

3rd Party Payment Phone

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May we exclude BOLs?

No

Yes

Do you reimburse for unloading?

No

Yes

Do you require load tenders?

No

Yes

Do you require pallet exchange?

No

Yes

Do you have additional requirements?

No

Yes

Do you have the ability to pay via ACH?

No

Yes

CUSTOMER QUESTIONNAIRE

BANK REFERENCE *(REQUIRED FOR MAXIMUM CREDIT)*

Bank Name	Bank Representative	
<input type="text"/>	<input type="text"/>	
Bank Phone Number	Checking Account Number	
<input type="text"/>	<input type="text"/>	
Email	Bank Transit Number <i>(Canada Only)</i>	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT REFERENCES *(REQUIRED FOR MAXIMUM CREDIT)*

Company Name	Contact Name	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Contact Name	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	Contact Name	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name*	Last Name*	Position*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date Signed*	Email Address*		
<input type="text"/>	<input type="text"/>		

QUESTIONS? CONTACT US AT 800-580-3101 OPTION 2