



Please fax completed form to 1.905.362.2383

Full company legal name _____

Contact name and title _____

Customer phone number _____

Customer e-mail address _____

Street address and suite number _____

**Address where packages are to be picked up*

Frequency of shipments (daily, weekly, etc) _____

Commodity description _____

Do you currently have a customs broker? Yes No

If "yes" who is your current provider? _____

Canada Importer of Record (IOR) Resident IOR

Non-Resident Importer (NRI)

Average number of cartons per consolidation/shipment _____

Average weight of consolidation _____

Do you require LTL to Canada? Yes No

National motor freight classification _____

Pallet size for LTL to Canada (L + W + H) _____

Preferred FedEx Canada Ground Zone Jump Hub (s) Toronto

Vancouver

Returns

Customer's Canada return address _____

**This address can be FedEx Trade Networks' if payment and service arrangements have been made in advance of the first shipment.*

FedEx sales professional's name and phone number (please include area code)
