

Contact:		Contact's Phone () -	
Company Name:			
Type of Business			
Address		City	State Zip Code
Office Phone Number () -		Fax () -	
Email			
Website			
Where do you ship from:	<input type="checkbox"/> Office Address Above List other locations below:		
What states and or countries do you ship to:			
Types of Packages	Documents/Envelopes	Boxes	Other (describe)
Approximate Weight			
Number of Packages Weekly:			
Cost of Packages:			
Name of Company you contract with for shipping/mailling:	<input type="checkbox"/> Cal-Overnight <input type="checkbox"/> DHL <input type="checkbox"/> FedEx <input type="checkbox"/> Other: (indicate company)		
Please list any special shipping needs you require:			

Smarter Business