



KING OCEAN SERVICES

# ACCOUNT NAME

Shipper name:		CMS No:	
Consignee Name:		CMS No:	
Ports:			
Contact Name:		After Hours Emergency No:	
Phone:			
Fax No:		Bill to Party:	
Email:			
Preferred means of correspondence			
Type of Account		Contract: Y / N	
LCL		Contract Name	
FCL		Contract Number	
Breackbulk		Contract Expiration date	
Sales Person		Pricing Analyst	
Phone		Phone	
Email		Email	
Commodity			
Common Suppliers / Consignee			
LOA on life	Y / N	Special Instructions:	
Terms			
Prepaid / Collect			
Insurance:			
Documentation <i>special documentation instruction</i>			
on-line access Y / N		auto warehouse receipt Y / N	
Clauses <i>shipment clauses/marks that must appear on the bl</i>			
Tariff Rules <i>tariff rules to verify when rating bill</i>			
Load / Booking Instructions			
Documentation Type (circle one)		Traffic Coordinator(s):	
Express Release / Original			

Prepared by:

Date:

