



TRANSPORTISTAS, S.A. DE C.V.

PROVIDER INFORMATION SHEET New Business Partners

Company Information:

Date: _____

Name of the company: _____ RFC or Tax ID #: _____

DBA: _____ Years in business: _____

Fiscal Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Contact: _____ Title: _____ E-mail: _____

Phone: _____ Cel/Nextel: _____ Fax: _____

Mailing Address (if different): _____

City: _____ State: _____ Postal Code: _____ Country: _____

Contact: _____ Title: _____ E-mail: _____

Phone: _____ Cel/Nextel: _____ Fax: _____

Billing Information (Bill to Party):

Billing address (if different): _____

City: _____ State: _____ Postal Code: _____ Country: _____

Contact: _____ E-mail: _____

Phone: _____ Cel/Nextel: _____ Fax: _____

Send invoices to (other than Company or Bill to Party): _____

Type of Service Requested:

_____ Import	Hazmat <input type="checkbox"/>	In-bonds <input type="checkbox"/>	Rail cars <input type="checkbox"/>
_____ Export	Hazmat <input type="checkbox"/>	In-bond <input type="checkbox"/>	Rail cars <input type="checkbox"/>
_____ Transportation	Hazmat <input type="checkbox"/>	In-bonds <input type="checkbox"/>	
_____ Warehousing	Hazmat <input type="checkbox"/>	In-bonds <input type="checkbox"/>	Bonded warehouse <input type="checkbox"/> Tran loads <input type="checkbox"/>
_____ Mexican Broker			
_____ Logistics			
_____ Other _____			

Commodity Information:

Description of merchandise _____

Description of merchandise _____

Comments (Special permits, crossing schedule, frequency of shipments, ECCN etc): _____

Supply Chain Security Program Information

C-TPAT Status: _____ C-TPAT SVI Number: _____

Validated by US Customs: ☐ yes ☐ no Date of Validation: _____

Comments: _____

Are you certified in a CT-PAT equivalent/WCO accredited security program administered by a foreign customs authority?

☐ yes ☐ no, describe: _____

Can you provide a copy of the certificate: ☐ yes ☐ no

Are you certified in any other security type program: ☐ yes ☐ no, describe: _____

APPROVED
Yes / No

Date: _____
Title: _____

Print Name: _____
Signature: _____