



CORPORATE PROFILE

Company Name: _____

Head Office: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ E-Mail Address: _____

Primary Contact Person: _____

LIST OF KEY CONTACTS

Operations:

Name: _____

E-Mail Address: _____

Home: _____ Cellular: _____

Dispatch:

Name: _____

E-Mail Address: _____

Home: _____ Cellular: _____

Safety/Claims:

Name: _____

E-Mail Address: _____

Home: _____ Cellular: _____

Please fax the required documents to Logistics at 519-740-7512



BRANCH OFFICES

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Please fax the required documents to Logistics at 519-740-7512