

10/5/2020

Client Profile: client name

Official Business Name: Click here to enter text.

Trading Name (if different): Click here to enter text.

Existing Customer? Yes No

Sister Companies or Subsidiaries: Click here to enter text.

Main Address: Click here to enter text.

Main Phone Number: Click here to enter text.

Billing Address (If Different): Click here to enter text.

Business Number: Click here to enter text.

C-TPAT Account Number (if applicable): Click here to enter text.

Customs Assigned Number (for US Brokerage): Click here to enter text.

Start Date: Click here to enter text.

Commodity: Click here to enter text.

Brief Overview of the Business: Click here to enter text.

Please Check Applicable Services:

- CAD Customs Brokerage
- US Customs Brokerage
- Trans-border Logistics
- Domestic Logistics/Courier
- International Freight Forwarding
- Trade Management Services
- Trade Consulting (NAFTA retrieval, duty drawback, etc.)

Method of Payment: Cheque Wire/EFT Credit Card¹

Billing Currency Canadian Customs Brokerage: Click here to enter text.

Billing Currency US Customs Brokerage: Click here to enter text.

Billing Currency Logistics:

Billing Contact Name: Click here to enter text.

Billing Contact Phone Number: Click here to enter text.

Billing Contact E-mail Address: Click here to enter text.

Frontier Team: Click here to enter text.

Frontier ISR: Click here to enter text.

Business Development Manager: Click here to enter text.

¹ A 3% processing fee will apply for each payment, client must call in every time to make a payment

Contacts

Name of Contact	Title/Position	Email	Main Phone	Secondary Phone
*Add Customs Broker (if Frontier is not the broker)				

Customs Brokerage

- | | |
|---|--|
| <input type="checkbox"/> Canadian Power of Attorney/GAA | <input type="checkbox"/> US Power of Attorney/GAA |
| <input type="checkbox"/> Direct Security Letter | <input type="checkbox"/> Release Prior to Payment Bond |
| <input type="checkbox"/> Bond Foreign Exchange Letter (US billed clients) | <input type="checkbox"/> NRI Corporate Certification (US Brokerage Client) |
| <input type="checkbox"/> ARL EDI Application completed by client | |
| <input type="checkbox"/> Credit approved | |

CAD Brokerage/Fees:

AB Entry Fee: [Click here to enter text.](#)

Courier Low Value Shipment Fee (under \$3300 in value): [Click here to enter text.](#)

Deminimis Fee (under \$150 in value): [Click here to enter text.](#)

Ocean Clearance Fee: [Click here to enter text.](#)

CCI Line Fee: [Click here to enter text.](#)

Number of Free Lines: [Click here to enter text.](#)

SWI Fee: [Click here to enter text.](#)

Check box if client is under base rate ancillary fees, if not provide specific client rate schedule

Client will be paying direct: Duty GST

Frontier will be paying on client's behalf: Duty GST

Method of payment to customs: Electronic banking (direct) Couriered cheque (to Frontier)

*Courier Cheque fee of \$45 will be charged to the client if sending Frontier a cheque

Approximate Total # of transactions per year: [Click here to enter text.](#)

Average number of transactions per year by mode of transport:

Standard US-Canada Border Release: [Click here to enter text.](#)

Courier Low Value Shipments (under \$2500 in value): [Click here to enter text.](#)

Ocean: [Click here to enter text.](#)

Air: [Click here to enter text.](#)

Average # of CCI Lines per invoice: [Click here to enter text.](#)

Is the client under TMS? Yes No

Tariff Database provided? Yes No

If no explain how products will be classified: [Click here to enter text.](#)

List Potential OGDs: [Click here to enter text.](#)

Is export reporting required? Yes No

If yes, what is CAED authorization ID #? [Click here to enter text.](#)

Additional Clearance Requirements: [Click here to enter text.](#)

Freight payments: [Click here to enter text.](#)

CBSA audit results or rulings: [Click here to enter text.](#)

Past rulings provided: [Click here to enter text.](#)

Ruling requests required for future imports: [Click here to enter text.](#)

Valuation of goods: [Click here to enter text.](#)

Arrange cartage: [Click here to enter text.](#)

Does client take cash or prepaid freight discounts? Yes No

US Brokerage/Fees:

U.S. Customs Entry Filing: Click here to enter text.

Line fee: Click here to enter text.

Number of free lines: Click here to enter text.

Importer Security Filing: Click here to enter text.

Bond Type: Single-Entry Transaction Bond Annual Continuous Bond

ISF Bond: Click here to enter text.

Partner/Government Agency Filing: Click here to enter text.

Courier/Messenger: Click here to enter text.

Other Charges: Click here to enter text.

Check box if client is under base rate ancillary fees, if not provide specific client rate schedule

Method of payment to customs: Electronic banking (direct) Couriered cheque (to Frontier)

Approximate Total # of transactions per year: Click here to enter text.

Average number of transactions per year by mode of transport:

Standard US-Canada Border Release: Click here to enter text.

Section 321 Releases (under \$800 in value): Click here to enter text.

Ocean: Click here to enter text.

Air: Click here to enter text.

Average # of Tariff Lines per invoice: Click here to enter text.

Tariff Database provided? Yes No

If no explain how products will be classified: Click here to enter text.

List of Potential PGAs: Click here to enter text.

Country of origin of goods: Click here to enter text.

Peak/Slow Seasons: Click here to enter text.

Any additional clearance requirements:

Cargo Insurance needed? Yes No

For ocean shipments: Who will file ISF? Click here to enter text.

Arrange cartage: Click here to enter text.

Freight payments: Click here to enter text.

Prepare delivery order: Click here to enter text.

Do the following items apply to the goods you will be importing?

If 'Yes', then commercial invoice price must include the cost of these items:

- **Packing costs:** Yes No
- **Buying or Selling commissions:** Yes No
- **Assists (items provided FOC or at reduced cost by buyer of merchandise for use in production or sale of the merchandise):** Yes No
- **Royalties or licensing fees:** Yes No
- **Proceeds of subsequent transactions that accrue to the seller:** Yes No
- **Does client take cash (terms) discounts:** Yes No
- **Any prepaid freight discounts:** Yes No

Trade Consulting/Compliance

Canadian Consulting Services US Consulting Services Both

Monthly Trade Management Services Individual Consulting Services

Please Check Individual services that apply:

- | | |
|--|---|
| <input type="checkbox"/> Free Trade Agreement Verification | <input type="checkbox"/> Tariff Database Management |
| <input type="checkbox"/> HS Code Classification | <input type="checkbox"/> Amending entries for duty verification |
| <input type="checkbox"/> Canadian Duty Drawback | <input type="checkbox"/> US Duty Drawback |
| <input type="checkbox"/> Post Entry Audits | <input type="checkbox"/> Amending entries for duty verification |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

TMS Fees:

Flat Monthly TMS Fee: [Click here to enter text.](#)

or

Hourly TMS Fee: [Click here to enter text.](#)

Individual Fees:

Free Trade Agreement Verification: [Click here to enter text.](#)

Tariff Database Management: [Click here to enter text.](#)

HS Code Classification: [Click here to enter text.](#)

Canadian Duty Drawback: [Click here to enter text.](#)

US Duty Drawback: [Click here to enter text.](#)

Amending entries for duty verification: [Click here to enter text.](#)

Post Entry Audits: [Click here to enter text.](#)

Other: _____

Other: _____

Other: _____

Other: _____

Are imported goods subject to the following:

- | | | |
|--|------------------------------|-----------------------------|
| Free Trade Agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anti-Dumping & Countervailing duty deposits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trademarks or copyrights | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the client hold any binding rulings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Notes: [Click here to enter text.](#)

Transborder Logistics

- Type of Company: B2C B2B
 Direction: Northbound Southbound
 Program: Trial period Full program
 Is Frontier the Broker: Yes No
 Is there client specific SOP: Yes No

WEBship Login: Click here to enter text.

WEBship Password: Click here to enter text.

WEBship Functions: Rates Order Tracking Proforma

Small Parcel Terms into Itasca: Prepaid Collect²

LTL Terms into Itasca: Prepaid Collect³

Identify US Carriers if Frontier is picking up Collect LTL : Click here to enter text.

Freight Class & NMFC # if available: Click here to enter text.

Identify ship schedule: NO Consolidation in Itasca Consolidation (Specify): _____

Routing out of Itasca: East West

To which location(s) in Canada: Click here to enter text.

Will the client require Drop-Shipping (if yes please explain the process): Click here to enter text.

Identify Weekly Volume: Click here to enter text.

LTL to small parcel ratio: Click here to enter text.

Special Requirements: Click here to enter text.

IF Frontier is not the Customs Broker, provide contact info: Click here to enter text.

Billing Frequency: Daily Weekly Bi-Weekly Monthly

Billing Format: Excel PDF Both Consolidated

***Note: If choosing Excel spreadsheet, individual PRO#s will show incorrect totals which appear as inaccurate to the client. Consolidated billing format is the best for cross-border consolidations**

Check All That Applies:

- Delivery Appointments Power Tail Gate Hazardous Material
 Food Products Fragile Residential Deliveries
 Inside Deliveries Construction Site/Storage Facility deliveries

A1 automated process set up: Yes No

Separate Leg 1 PFS needed for billing: Click here to enter text.

Consolidated order rating in A1: Click here to enter text.

Additional Notes: Click here to enter text.

² If Frontier is doing Parcel collect from supplier and bringing to Itasca, include rates/list of locations in excel sheet

³ If Frontier is doing LTL collect from supplier and bringing to Itasca, include rates/list of locations in excel sheet

Domestic Courier & Logistics

Please Check All That Applies:

- | | |
|---|---|
| <input type="checkbox"/> Local MB Courier | <input type="checkbox"/> Local SK Courier |
| <input type="checkbox"/> Small Parcel Service | <input type="checkbox"/> Warehousing/Fulfillment |
| <input type="checkbox"/> Canadian LTL | <input type="checkbox"/> Other: Click here to enter text. |

Type of Company:

- B2C B2B

Billing Frequency:

- Daily Weekly Bi-Weekly Monthly

Billing Format:

- Excel PDF Both Consolidated

***Note: If choosing Excel spreadsheet, individual PRO#s will show incorrect totals which appear as inaccurate to the client. Consolidated billing format is the best for cross-border consolidations**

Main Pick-Up/Delivery Address: [Click here to enter text.](#)

Shipping and Receiving Hours: [Click here to enter text.](#)

Identify Expected Weekly Volume for Each Service:

- Local MB Courier
 - Parcel: [Click here to enter text.](#)
 - LTL: [Click here to enter text.](#)
- Local SK Courier
 - Parcel: [Click here to enter text.](#)
 - LTL: [Click here to enter text.](#)
- Small Parcel Service
 - Parcel: [Click here to enter text.](#)
 - LTL: [Click here to enter text.](#)
- Canadian LTL
 - Parcel: [Click here to enter text.](#)
 - LTL: [Click here to enter text.](#)
- Warehousing/Fulfillment
 - Storage Space Needed: [Click here to enter text.](#)
 - Parcel: [Click here to enter text.](#)
 - LTL: [Click here to enter text.](#)

Average Parcel Dimensions: [Click here to enter text.](#)

Average LTL Dimensions: [Click here to enter text.](#)

Is there a contract for volume requirements:

- Yes No

Method of Dispatch:

- WebSHIP Courier Complete Call Email

WEBship/Courier Complete Login: [Click here to enter text.](#)

WEBship/Courier Complete Password: [Click here to enter text.](#)

Courier Complete ID: [Click here to enter text.](#)

Check All That Applies:

- | | | |
|---|--|---|
| <input type="checkbox"/> Same Day Delivery Required | <input type="checkbox"/> Tail Gate Delivery Required | <input type="checkbox"/> Hazardous Material |
| <input type="checkbox"/> Food Products | <input type="checkbox"/> Special Rates/discount levels | <input type="checkbox"/> Fragile |

Additional Notes: [Click here to enter text.](#)

International Freight Forwarding

Please Check All That Applies:

- US Import IFF CAD Import IFF
 US Export IFF CAD Export IFF
 Ocean Air

Identify Approximate number of Shipments per year:

US Import IFF: [Click here to enter text.](#)

Incoterms: [Click here to enter text.](#)

Ocean Container Size(s): [Click here to enter text.](#)

Air Shipment Size (s): [Click here to enter text.](#)

CAD Import IFF: [Click here to enter text.](#)

Incoterms: [Click here to enter text.](#)

Ocean Container Size(s): [Click here to enter text.](#)

Air Shipment Size (s): [Click here to enter text.](#)

US Export IFF: [Click here to enter text.](#)

Identify to which nation(s): [Click here to enter text.](#)

Incoterms: [Click here to enter text.](#)

Ocean Container Size(s): [Click here to enter text.](#)

Air Shipment Size (s): [Click here to enter text.](#)

CAD Export IFF: [Click here to enter text.](#)

Identify to which nation(s): [Click here to enter text.](#)

Incoterms: [Click here to enter text.](#)

Ocean Container Size(s): [Click here to enter text.](#)

Air Shipment Size (s): [Click here to enter text.](#)

Agent(s) Details: [Click here to enter text.](#)

Is Frontier the Broker: Yes No

If no please provide contact details: [Click here to enter text.](#)

Any special instructions: [Click here to enter text.](#)