Matson LOGISTICS

AGENT ACCOUNT LIST

NOTE: Please provide complete customer information including addresses and local phone numbers.

SHIPPER NUMBER (CO. use only)	CUSTOMER NAME ADDRESS & PHONE	TYPE OF FREIGHT? (Van, Flat, Reefer)	REQUESTED MONTHLY CREDIT	CREDIT LIMIT (CO. use only)	CUSTOMER ASSIGNED?

Please fax your completed paperwork to Christy Chambliss at 800-865-1600 or email to cchambliss@matson.com

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