



AGENCY INFORMATION SHEET

NOTE: Please download this form, save to your desktop and type the information for processing ease.

COMPANY NAME:

MAILING ADDRESS:

CITY:	STATE:	ZIP:
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PHYSICAL ADDRESS:

CITY:	STATE:	ZIP:
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FEDERAL ID # :	SSN:
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PHONE # 1:(800)	PHONE #2 (LOCAL) :
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FAX # :	CELL PHONE #:
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EMAIL:	
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TERMINAL MANAGER:

DISPATCHER (S):

DISPATCH PHONE:

Please fax your completed paperwork to Dennis Beard at 800-865-1600 or email to dbeard@matson.com