



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:

PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:

FEDERAL ID # :	SSN:
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PHONE # 1:(800)	PHONE #2 (LOCAL) :	
FAX # :	CELL PHONE #:	
EMAIL:		

TERMINAL MANAGER:
DISPATCHER (S):
DISPATCH PHONE:

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