



EMANIFEST CLIENT APPLICATION FORM



SECTION I: APPLICANT IDENTIFICATION

Date of Application: _____ CBSA Carrier Code: _____

Name of Applicant: _____

Head Office Address: _____

Country: _____

Telephone: _____ Fax/Telex: _____

Contact Name _____

Contact Title _____

Contact E-Mail: _____

Canadian Business Office Address (if different from Head Office):

Telephone: _____ Fax/Telex: _____

Contact Name _____

Contact Title _____

Contact E-Mail: _____

SECTION II: BUSINESS INFORMATION

Requested Implementation Date: _____

Mode of Transportation: HIGHWAY: MARINE: AIR: RAIL:

Projected Monthly Business Volume: Conveyance: _____ Cargo: _____

Are you a CSA Carrier? Yes No

Will you be transmitting cargo reports containing CSA goods? Yes No

Communication Method: Third Party Service Provider

Please provide the name of Communication Method: Norman G. Jensen, Inc.

Sender / Receiver ID: 6128547363 Qualifier:

Preferred language for verbal and written communication? English: French:

Company Official's Name (printed)

Company Official's Title (printed)

Company Official's Signature