

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 (CO. use only) C Image: Construction of the state of the stat	CUSTOMER ASSIGNED?
ADDRESS & PHONE (Van, Flat, Reefer) International CREDIT International CREDIT (CO. use only) (CO. use only) (CO. use only) (CO. use only)	ASSIGNED?

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

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