



**MEMBERSHIP APPLICATION**

Date

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**CONFIDENTIAL**

Company Name

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Affiliate/Subsidiaries Names

---

Street Address

---

City

State

Zip

---

Representative/Contact Name

Title

---

Phone Number

Fax Number

---

Email

Website

Your Company is  Manufacturing  Retailing  Importer  Trading Company

Do you prefer  40 STD  40 HC  45  Reefer  20 STD

Ocean carrier used this year 1

2

3

Where, what, and how much do you ship?

Origin	Destination	Commodity	Volume (FEU)
1			
2			
3			
4			
5			

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**PLEASE SEND COMPLETED FORMS TO:**

**QUESTIONS?**

EMAIL

sales@americanretailshippers.com

MAIL: ARSA Administrator

100 Quimby St, Suite 2, Westfield, NJ 07090

FAX

(908) 935-0588

Please call or email us:

Phone: (908) 301-9888

sales@americanretailshippers.com