



Client Worksheet

Company Information:

Company Name: _____
Address: _____
Address: _____
City/State/Zip: _____
Website: _____
Years in Business: _____
D&B/DUNS: _____
IRS # _____

Is your company an active participant in the CTPAT Program? YES NO

If yes please provide your SVI# _____

Would you like to learn more about the C-TPAT program and how to become an active participant? YES NO

Would you like us to provide cargo insurance on your shipments? YES NO

If you waive cargo insurance coverage, please initial here : _____

Contact Information:

Primary Operations Contact: _____
Operations Tel Number: _____
Operations Email: _____

Primary Accounting Contact: _____
Accounting Tel Number: _____
Accounting Email: _____

Saratoga Employee Recording this information: _____