## **CUSTOMER RECORD AND SHIPPING AGREEMENT**

Completing this document is **easy**. Simply complete the information below, sign in the space provided, fax the completed agreement to 813-864-6661, and **mail the original** immediately to:

Bob Rocco Enterprises Inc. Attention: TSA Security Procedures 5902 Johns Rd. Tampa, Fl. 33634

**Required Information: Shipper Information** 

Please note that we cannot qualify you as a Preferred (Known) Shipper until we have had your original signed Agreement on file and have completed your set up process.

Company Name		
Contact		
Street Address		
City	State	Zip
Telephone		
Fax		
E-mail address		
D&B # (if avail.)		
ship by Bob Rocco Enterprises Inc. I am documents, will be retained on file by Boconsent to verification by Bob Rocco Entother steps necessary for Bob Rocco Entogovernment regulations. Bob Rocco Entobe amended from time to time, are incocharges incurred on my account to Bob	that series of future shipments made to lises Inc. By my signature below, I certiangerous goods or hazardous material aware that this contract and original ob Rocco Enterprises Inc. and are subterprises Inc. and their assignees of meterprises Inc. to comply with applicable erprises Inc. Terms and Conditions of proprated herein by reference, and tha Rocco Enterprises Inc.	tify that I will not attempt to ship any ls. I consent to a search of any cargo that I signature, along with other shipping ject to inspection by TSA and air carriers. I sy identity and credit information, and any le security or safety procedures or Service, and standard pricing, as same may t I am responsible for payment of all shipping
Printed Name:		
Date:		
Signature of Bob Rocco Enterp	orises Inc. Representative: _	
Printed Name:		