



Application

Date: _____

Company Name: _____

Affiliate Names: _____

Company President: _____

Controller: _____

Street Address: _____

City/State/Zip Code: _____

Name of Company Contact: _____

Contact Title: _____

Phone Number: _____

Fax Number: _____

Email: _____

Web Address: _____

Our company operates in the following business categories:

Wholesale Distributing _____ Manufacturing _____ Retailing _____

Import Commodities: _____

Ocean freight carriers used: _____

Please list import locations (origins and destinations) and approximate volume:

Origins	Destinations	Volume in FEUs
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Approximate number of containers *exported* annually to:

Taiwan _____ Japan _____ Korea _____ China _____ Europe _____ Other _____

I, _____ acting on behalf of _____, do hereby submit my company application for services with the Sporting Goods Shippers Association.

Signature _____ Date _____

Please return this application by fax, mail, or email:
Sporting Goods Shippers Association (SGSA), 3250 Spanish Springs Court, Sparks, NV 89434
Phone (775) 356-9931; Fax (775) 356-9932; Email: info@sgsa.net, Web: www.sgsa.net