

# 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**  
**5901 Benjamin Center Dr. #105**  
**Tampa, Fl. 33634**

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.

## Required Information: Shipper Information

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

D&B # (if avail.) \_\_\_\_\_

## Shipping Agreement and Security Undertaking:

"This Shipping Agreement shall govern that series of future shipments made by Shipper or its authorized representatives with Bob Rocco Enterprises Inc. By my signature below, I certify that I will not attempt to ship any unauthorized explosives, incendiaries, dangerous goods or hazardous materials. I consent to a search of any cargo that I ship by Bob Rocco Enterprises Inc. I am aware that this contract and original signature, along with other shipping documents, will be retained on file by Bob Rocco Enterprises Inc. and are subject to inspection by TSA and air carriers. I consent to verification by Bob Rocco Enterprises Inc. and their assignees of my identity and credit information, and any other steps necessary for Bob Rocco Enterprises Inc. to comply with applicable security or safety procedures or government regulations. Bob Rocco Enterprises Inc. Terms and Conditions of Service, and standard pricing, as same may be amended from time to time, are incorporated herein by reference, and that I am responsible for payment of all shipping charges incurred on my account to Bob Rocco Enterprises Inc.

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Bob Rocco Enterprises Inc. Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_