



DHL e-Commerce Parcel Direct Service

Customer Questionnaire

Company Name:

Contact Name:

Address:

Business Type:

Contact Phone #:

Industry Focus:

Contact Email:

Website URL:

PRODUCT INFORMATION

Average Weight:

Average Dimensions:

Volumes: Daily

Weekly

Monthly

Under 1lb.

1lb – 5lbs

PRODUCT VALUE & INFO

Average wholesale value: USD\$

Min. Value: USD\$

Max. Value: USD\$

Average retail value: USD\$

Min. Value: USD\$

Max. Value: USD\$

Percentage (%) of goods with retail value over USD\$ 200.00

Type of products:

(Please list as many

Products / commodities

As relevant)

Do you ship goods from the Restricted Goods list?

(See Restricted Goods list attached)

If “YES”, please specify:

Do you ship Counterfeit Goods?

If “YES”, please specify:

Has your eShipper Representative explained the Counterfeit Goods Zero Tolerance Policy?

YES

NO

Have you provided a distribution profile:

YES

NO

Do you ship goods with Lithium Batteries:

YES

NO

(DHL Lithium Batteries guide is available for reference)

Logistics Solution

Which kind of e-commerce platform do you sell through:

Is the customer transaction with U.S or foreign entity:

Do you own the goods that are being shipped: YES NO

Do you ship your goods directly to consumers from abroad: YES NO

If "YES": How do you ship your goods today:

Which provider(s) do you use:

What is your current end-to-end transit times: Business Days:

Do you ship your goods from a U.S. warehouse: YES NO

If "YES": Do you have or are you an Importer of Records (IOR): YES NO

Do you have a custom broker you would require DHL to use: YES NO

Do you have a return address in the U.S.: YES NO

Which provider do you use for domestic delivery:

Do you have a U.S. entity where your revenue is booked: YES NO

Do you have labeling capabilities at origin: YES NO

How do you handle Returns and Damaged Goods:

Key Requirements

How many days of the week would you ship:

What are the origins of your products:

Country #1 City:

Country #2 City:

Country #3 City:

Country #4 City:

Additional Information: *(Is there anything else you would like to share with us)*

Your Sale Representative:

Please fill out the questionnaire and return back to Canada Worldwide Services Inc.

Please email the forms to your sales representative or sales@canadaworldwide.com