



**DHL e-Commerce Parcel Direct Service**

**Customer Questionnaire**

Company Name:	Contact Name:
Address:	Business Type:
Contact Phone #:	Industry Focus:
Contact Email:	Website URL:

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**PRODUCT INFORMATION**

Average Weight:

Average Dimensions:

Volumes:	Daily	Weekly	Monthly
Under 1lb.		1lb – 5lbs	

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**PRODUCT VALUE & INFO**

Average wholesale value: USD\$	Min. Value: USD\$	Max. Value: USD\$
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Average retail value: USD\$	Min. Value: USD\$	Max. Value: USD\$
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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
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Have you provided a distribution profile:	YES	NO
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Do you ship goods with Lithium Batteries:	YES	NO
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*(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:

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**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)*

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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](mailto:sales@canadaworldwide.com)

For Office Use:DHL eC Account #:

PUP Partner #: