

# Hunter Profile



Complete this form in full and send back to Genus Logistics with:

**Completed POA power of attorney and a copy of your passport or drivers license**

**EMAIL:** matt@genuslogistics.com

**MAIL:** Genus Logistics 76 Albany Blvd Atlantic Beach NY 11509

**FAX:** 516 400 9787

_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Passport #	Country of issue	Date of Birth	
_____	_____	_____	_____
Physical Address (*Required)	City	State	Zip
_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	_____
Work Phone	Cell	Home Phone	
_____	_____	_____	
Fax	E-Mail		
_____	_____		

**DELIVERY INFO:**

Taxidermist / Tannery or Yourself (If business c/o business name)

_____	_____	_____	_____
Physical Address (No P.O. BOX)	City	State	Zip
_____	_____	_____	_____
Delivery Contact: Phone	Liftgate Required?	Yes	