



HOURS OF OPERATION

Company Name: _____ Terminal Code: _____

Please indicate your company's normal hours of operation (when your office is staffed) in the spaces provided below.

Sunday	Open _____	Close _____
Monday	Open _____	Close _____
Tuesday	Open _____	Close _____
Wednesday	Open _____	Close _____
Thursday	Open _____	Close _____
Friday	Open _____	Close _____
Saturday	Open _____	Close _____

Holidays

Please list the holidays (name and date) that your company observes in the spaces below.

Holiday Name	Date	Holiday Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed By: _____

Contact Phone: _____ Email Address: _____

Downloaded and completed forms may be returned by email attachment to koc@occinc.com