



Product Information Request Form

Company	Date
Contact	Phone: ()
Title	Fax: () -
Address	E-mail:
	Website

Product Information		
Product Type	HazMat (Y/N)	Packaging (Case, Drum, Bag)

Inbound Information			
Inbound Loads Received via	% Container_____	% Truck_____	% Rail_____
Inbounds are Loaded	% Floor Loaded_____	% Slip_____	% Pallet_____
Average Inbound per Month_____	Average Weight Per Inbound_____		
Average Pallets per Inbound_____	Average Cube per Inbound_____		
Average Cases per Inbound_____	Average SKU's per Inbound_____		
	Average SKU's per Pallet_____		

Storage Information			
Average Monthly Inventory	Cases_____	Pallets_____	Cube_____
Highest Monthly Inventory	Cases_____	Pallets_____	Cube_____
Lowest Monthly Inventory	Cases_____	Pallets_____	Cube_____
Average Pallet Dimensions	Width_____	Depth_____	Height_____
Average Cases per Pallet in Inventory_____	Pallets Stackable in Bulk (Y/N)_____		
Max SKU's in Inventory_____	How High_____		
Average Units per Case_____	Approximate Value of Inventory_____		
Average Weight per Case_____	Estimated Inventory Turns_____		

Outbound Information			
Outbound Orders Shipped Via:	Truckload	LTL	Parcel
% Outbound Orders	_____ %	_____ %	_____ %
% Outbound Cases	_____ %	_____ %	_____ %
Average Orders per Month	_____	_____	_____
Average Pallets per Order	_____	_____	_____
Average Cases per Month	_____	_____	_____
Average Cases per Order	_____	_____	_____
Average SKU's per Order	_____	_____	_____
Average Weight per Order	_____	_____	_____
% Case Pick	_____ %	_____ %	_____ %

Other Information	
Order Transmit Method (Email, Fax, EDI)	Percent Same-Day Shipments
Special Labeling Required	Percent 24 Hour Shipments
Serial Number Capture Required	Percent Will Call
Product Requires MSDS	Kitting/Special Packaging
Lot Batch Control Required	Returns Management Needs
Please outline seasonality requirements that represent an increase in service that is 10% or greater than your monthly average_____	



Accounting Information

Send Freight Invoices to: (If different address)

Do you require backup paperwork for any special information in order to assist in expediting payments?

Do we mail refused/returned, second delivery or pickup freight bills to same address as freight invoices? If not, please provide address.

Who do we contact on bills past due?

Contact Name: _____

Phone: (____) ____ - _____

Fax: (____) ____ - _____

E-Mail: _____