

CUSTOMER PRODUCT/SHIPPING QUESTIONNAIRE

Customer Name			
Address			
City, State, Zip			
Phone #			
Fax #			
Name of Decision Maker			
E-mail Address			
Name of Contact			
E-mail Address			
		T	
What type of products do you ship?			
What is the average weight			
What is the average size of a pallet?			
\A/Is at in the account of accounts			
What is the average number of pallets			
and weight per shipment?			
Are your pallets stackable?			
What is the average number	or of		
What is the average number of shipments per week?			
What class(es) of freight do	you shin?		
What class(es) of freight do	you silip:		
What areas of the country of	do vou ship		
to:	20 y 00 0p		
Are any of your shipments inbound?			
Do you require any special	services?		
(i.e. call for appointment, lift-gate, etc.)			
	· ,		
Do you have any 3 rd party s	shipments?		
What are your normal			

shipping/receiving hours?