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Title:

**CUSTOMER
 INFORMATION
 OUTLINE**

Document number:

MKT-FORM-3004

Page: 1 of 2

Date: _____

Company: _____ Contact: _____ Title: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Product Description: _____

Is Product List Available? Yes _____ No _____

(If yes, please attach list & specification)

Quotes per: (please choose one) Cft. ___ Cwt. ___ Pallet ___ Case ___ Other _____

Product On-Hand: _____

Product Through Put: _____

Orders Per Month: _____

Total SKU's: _____

Annual Inventory Turnover: (please choose one) 2 ___ 4 ___ 6 ___ 8 ___ Other _____

Average Cases per Container _____ Weight: _____

Incoming Via: (please choose one) Container ___ Piggyback ___ Trailer ___

Is in-transit notice provided? (please choose one) Yes ___ No ___

Number of loads per month: _____

Lot control: (please choose one) Yes ___ No ___

Stenciling or Labeling required? (please choose one) Yes ___ No ___

Estimated square feet: _____

Pallet size: _____ Palletized: (please choose one) Yes ___ No ___

Pallet height: _____ (Including pallet)

Pallets stack 3 high: (please choose one) Yes ___ No ___ If no, how high? _____

Racking required: (please choose one) Yes ___ No ___

Number of units per pallet: _____

Case size: _____ (L) _____ (W) _____ (H)

Market to be covered:

Services wanted: Warehousing ___ Trucking ___ Yard Storage ___ Transload ___ Other _____

Orders sent by: (please choose one) Mail ___ Fax ___ Phone ___ FedEx ___

Order lead time days(s): (please choose one) One ___ Two ___ Three ___ Other _____

Orders to be: (please choose one) Prepaid ___ Collect ___ Will Call ___

Percentage of will call: _____ % Freight Class: _____

