



WAREHOUSING RATE QUOTATION

DATE: _____ REFERRED BY: _____ START DATE: _____

COMPANY: _____ CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

SERVICE REQUESTED:

OVERFLOW _____ DEAD STORAGE _____ DISTRIBUTION _____ PACKAGING _____ CROSS-DOCKING _____

DESCRIPTION OF SERVICE REQUIRED: _____

RATE TO BE QUOTED BY: CASE: _____ WEIGHT: _____ PALLET: _____ OTHER: _____

NUMBER OF SKU'S: YEAR ROUND: _____ SEASONAL: _____ PEAK SEASON: _____

INVENTORY LEVELS: MINIMUM: _____ MAXIMUM: _____ AVERAGE: _____

INBOUND

% FLOORLOADED: _____ %PALLETIZED: _____ PALLET SIZE: _____ L _____ W _____ H _____

% TRUCK _____ % RAIL _____ % CONTAINER _____ SLIPSHEETED?: _____

OUTBOUND

AVERAGE # ORDERS PER MONTH VIA: UPS: _____ LTL _____ TL _____ CPU _____ RAIL: _____

SHIPPING VOLUME PER QUARTER: 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____

% PULLED BY: FULL PALLET: _____ CASE: _____ LT CASE: _____

ORDER SHIPPING CYCLE: SAME DAY / NEXT DAY / OTHER: _____ CUT OFF TIME: _____

AVG. ORDER SIZE: # SKU'S: _____ WEIGHT: _____ CASES: _____ PALLETS: _____

ORDERS TO BE SENT BY: PHONE / FAX / MAIL / EDI / OTHER: _____

PACKING LIST REQUIRED? _____ CASE# / LOT RECORDING?: _____ LABELS: _____ MSDS: _____

PLEASE FAX FORM TO: (336) 370-9303

