



# Grove Medical, Inc.

## Customer Delivery Profile

In an effort to better meet your delivery needs, we ask that you please take a moment to fill out the following information. This will help ensure that we are providing the best possible service to you and your facility. Thank you.

Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact for Deliveries: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Receiving Hours: \_\_\_\_\_

Receiving Dock: Yes \_\_\_\_\_ No \_\_\_\_\_ If no dock, do you have a ramp/entrance to accommodate a pallet jack? \_\_\_\_\_ If no, do you require a lift gate? \_\_\_\_\_

Receiving in located: Front \_\_\_\_\_ Rear \_\_\_\_\_ Other \_\_\_\_\_

What is the name of your current LTL (Truck) Carrier delivering to you? \_\_\_\_\_

Deliveries made: Ground Level \_\_\_\_\_ Upstairs \_\_\_\_\_ Other \_\_\_\_\_

Do deliveries require an appointment? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide phone number and contact name \_\_\_\_\_

**\*Delivering carrier may charge additional cost for appointment deliveries and will delay your shipment a minimum of 1 day**

Will delivery be affected by narrow hallways or doorways? \_\_\_\_\_

Will delivery be affected by low ceilings? \_\_\_\_\_

Will a 53 foot trailer have direct access to the building? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

If No, is 48 foot required or a straight truck required? \_\_\_\_\_

**\*If a straight truck is required this could delay shipment by minimum of 1 day.**

Are there multiple locations at your facility for deliveries: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are there additional addresses and deliveries required: \_\_\_\_\_

Are there other special requirements/instructions for delivery? \_\_\_\_\_

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