



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.

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? _____
