



This form is used to determine your logistics need & compute an effective cost analysis. Please answer all questions that apply to your business

Contact Name: _____ Company Name: _____
Phone: _____ Fax: _____ Email: _____

1. Account name: _____
2. Location of distribution center: _____
3. Range of shipping area: _____ International: _____
4. Mode of transportation (circle one): Truckload | LTL | Air | UPS | USPS | Other
5. Amount of order transactions: Per day: _____ Per month: _____
6. Average weight per carton: _____ Per pallet: _____
7. Average cartons per order: _____
8. Amount of SKU's involved: _____
9. Amount of SKU's per order (line items): _____
10. Amount of pallet storage space needed: _____
11. Average returns, if any: _____
12. Will a monthly inventory be required: Yes No
13. Are cycle counts required: Yes No
14. Do you have any literature mailing requirements: Yes No
15. How many different carton sizes would this project involve: _____
16. Size & weight per SKU (please supply a print out & attach): _____
17. Are your SKU's bar coded: Yes No
18. Is there any kit assembly: Yes No
19. Do you furnish packing boxes: Yes No
20. Do you ship (circle one): PPD | Collect | Third Party | COD | Credit card processing required: Yes No
21. Would your inbound inventory to the warehouse be palletized: Yes No
22. Does all outbound shipments need to be palletized (except UPS): Yes No
23. Does your merchandise have to be stored in racks: Yes No
24. How would you transmit orders to us: _____
25. Would you like us to email/fax shipment information daily: Yes No
26. What are your turn-around time requirements for order shipment (hours) (circle One): 72 | 48 | 24 | 12 or less
27. Do you have will calls: Yes No
28. What is the estimated value of your inventory that will be stored in here: _____
29. Are any of your products temperature sensitive: Yes No
30. Is there any hazardous materials to be stored: Yes No Examples: _____



This form is used to determine your logistics need & compute an effective cost analysis. Please answer all questions that apply to your business

- 31. Are any of your products manufactured overseas: Yes No
- 32. If so, do they arrive by sea or air: _____
- 33. If so, do we need to make the arrangements regarding the inbound logistics: Yes No
- 34. Are there any special handling requirements with these products, re-packing, labeling, bar coding, etc: Yes No
- 35. Do you have a preferred carrier for your LTL freight: Yes No
- 36. We have discounts with several trucking companies, would that be something that might interest you: Yes No
- 37. Is EDI something that interests you: Yes No
- 38. Would you want to bring your own system: Yes No
- 39. For insurance purposes we require a logistics agreement. What length agreement would you consider (years): 1 | 3 | 5
- 40. If we accommodate your service needs, what would be the time frame for the outsourcing start-up: _____
- 41. Would you be the person to make the final decision on this agreement: Yes No
- 42. May we set up a time to tour your facility: Yes No
- 43. What are your short & long term goals & expectations of your logistics partner: _____

- 44. What are some of your concerns about outsourcing for your business needs: _____

- 45. Have you outsourced before, and did you have any problems? Please list if any: _____

- 46. Do you have any internal situations that hinder your day to day business demands that we may be able to address? If so, we will gladly make some recommendations or assist in finding solutions: _____

Thank you for your time in completing this questionnaire, this will help us greatly with designing a plan that addresses your needs and concerns.

Fax to: **(562) 944-1222**