

PLEASE FILL THIS FORM AND RETURN IT BACK TO US

WAREHOUSING REQUEST FOR QUOTATION

Product Care

Temperature control : _____

Shrink wrapping : _____

Product expiry date : _____

Are bills of lading required? : _____

Do you need bin location management : _____

Do you need down stocking? : _____

Special handling required? : _____

Orders in Pattern

How many pallets / cartons for the first shipment : _____

How many in shipment per month : _____

How many SKU's pallet? : _____

Average pallets / cartons per order in : _____

Received on pallets : _____

Orders out Pattern

How many order per month : _____

Average order size : _____

Average SKU's per order : _____

What is the maximum inventory at the peak : _____

Would you like us to handle return : _____

How many reports per month : _____

How many items would represent 80% of the volume : _____

Are we responsible fo delivery : _____

Delivery by : _____

Will a consignee pick up from warehouse : _____

Do you require pick & pack : _____

General Information

How did you hear about us? _____

Other _____

Note : SKU refers to products with different reference numbers.