



# WB

WAREHOUSING & LOGISTICS  
MATERIAL MANAGEMENT &  
PACKAGING SOLUTIONS

GENERAL INFORMATION

DATE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRANSPORTATION / TRAFFIC CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CUSTOMER SERVICE CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORDERS RECEIVED BY (PHONE / FAX / EDI / EMAIL / ETC.): \_\_\_\_\_

INDIVIDUAL AUTHORIZED TO RELEASE ORDERS / INVENTORY: \_\_\_\_\_

OUT OF STOCK PROCEDURE, NOTIFY: \_\_\_\_\_

SHORTAGE ON RECEIPT, NOTIFY \_\_\_\_\_

DAMAGE ON RECEIPT, RECEIVE / REFUSE TO CARRIER? \_\_\_\_\_

CONFIRM SHIPMENTS ON RECEIPT? (YES / NO) \_\_\_\_\_

NUMBER OF B/L COPIES REQUIRED: \_\_\_\_\_ SEND TO: \_\_\_\_\_

HOW DO WE HANDLE REFUSALS? \_\_\_\_\_

FREQUENCY OF INVENTORY REPORTS (DAILY / WEEKLY / MONTHLY / ETC.): \_\_\_\_\_

HOME OFFICE, ATTN: \_\_\_\_\_ BROKER ATTN: \_\_\_\_\_

MONTHLY ACTIVITY REPORT (ITEM / SHIPMENT): \_\_\_\_\_

HOME OFFICE, ATTN: \_\_\_\_\_ BROKER ATTN: \_\_\_\_\_

REFRIGERATED DELIVERY SERVICE (YES / NO) \_\_\_\_\_

SHIP WITH RELEASED VALUE IF LOWER FREIGHT CLASSIFICATION AVAILABLE? (YES / NO) \_\_\_\_\_

AREAS SERVED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_