



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: _____

