

# Customer Delivery Information

To ensure we provide you the highest quality of service, we would appreciate you providing the following information regarding your company operations:

Customer Name:	Delivery Address:	City:	Zip:
----------------	-------------------	-------	------

1. Contact Person: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. What are your preferred receiving hours? \_\_\_\_\_
4. Do we need a delivery appointment? Yes / No
5. Is your location equipped with a loading dock? Yes / No
6. Do you have forklift capabilities? Yes / No
7. Is your location able to handle a 48ft. full size trailer? Yes / No
8. Are there any special instructions about deliveries at your location we need to be aware of?

---

---

---

---

---

---

---

---

**Internal Use Only:**

**48' PUP BOTH**