

CENTRAL REFRIGERATED SERVICE, INC.

ACCOUNT INQUIRY INFORMATION SHEET

Account Name _____ Date _____

Address _____ City, State, Zip _____

Telephone _____ Fax _____

Contact Name _____ Title _____

How did you find out about our company? _____

Storage Information

Product Type of Container	Length	Width	Height	Weight	Value

Weight per Unit _____ Units per Pallet _____

Total # of line items _____ Average # of Pallets _____

Times turned per Year _____ Length of Storage _____

Special Storage Requirements:

Handling Information

Inbound

Arrive by: Truck _____ Rail _____ Units per load _____

Palletized: Yes _____ No _____

Outbound

Average # of orders per month _____ Average pieces per order _____

Percentages: Loose _____ Full Pallets _____

Special Handling Requirements:

Accessorial & Clerical Information

Orders received by: Phone _____ Fax _____ Mail _____ Other(specify) _____

Physical Inventories per Year _____

Account specific Bill of Lading: _____

Special Reports needed:

Other Services Needed

How should rates be quoted?

Per Unit _____ Per CWT _____ Per Square Foot _____ Per Pallet _____

Date Quotation is Due _____

Date Product can be expected _____

Any other Comments:

