

AR DEPARTMENT NEW CUSTOMER / NEW LOCATION

CUSTOMER REQUI	RED INFORMATION. Please fill in a	Il the fields.
COMPANY NAME CONTACT CONTACT EMAIL		TITLE
BILLING ADDRESS		
RESIDENTIAL	COMMERCIAL	
ADDRESS STATE		CITY COUNTRY ZIP CODE
A/P CONTACT PHONE		TITLE
PHONE		E-MAIL
TAXABLE (yes/no)		TAX CODE
SHIPPING ADDRESS 1		
RESIDENTIAL	COMMERCIAL	
ADDRESS NAME ADDRESS STATE		CITY COUNTRY
DEFAULT? Y/N		ZIP CODE
RECEIVING CONTACT RECEIVING EMAIL RECEIVING PHONE		TITLE
SHIPPING ADDRES	S 2	
ADDRESS NAME ADDRESS STATE		CITY COUNTRY ZIP CODE
DEFAULT? Y/N RECEIVING CONTACT		TITLE
RECEIVING EMAIL RECEIVING PHONE		



Decorraps PALLET AND SHIPPING REQUIREMENTS

Please fill out the fields below.		
PALLET STANDARDS Please fill in all the fields.		
PALLET TYPE		
WHAT IS THE MAXIMUM TOTAL HEIGHT INCLUDING THE PALLET?		
WHAT IS MAXIMUM LOADED WEIGHT?		
FUMIGATED PALLETS YES NO		
OVERHANG PALLET ACCEPTABLE YES NO		
PALLET SHIPPING LABEL OR BOX SHIPPING LABEL		
□ PALLET □ BOX		
DOES THE PALLET OR BOX REQUIRE SPECIAL MARKINGS? YES NO		
LABEL PLACEMENT		
LABEL INFORMATION		
SIZE OF LABEL ON BOX OR PALLET		
SHIPPING GUIDELINES		
DO YOU HAVE PREFERRED CARRIERS?		
WHAT ARE YOUR RECEIVING HOURS?		
DOES YOUR LOCATION REQUIRE LIFTGATE?		
DO WE NEED AN APPOINTMENT PRIOR TO DELIVERY? (If so, please add details. Email, Phone, Contact)		
DO YOU ACCEPT PARTIAL SHIPMENTS?		
CAN WE COMBINE MORE THAN ONE ITEM ON A PALLET?		
CAN YOU ACCEPT 20FT CONTAINER OR 40 FT CONTAINER?		
CAN WE HAVE A TWO-WEEK WINDOW FOR DELIVERY TO AVOID ASKING FOR EXTENSIONS?		
You can also attach the pallet requirements.		