



# Logistics Intake Form

## PROJECT INFORMATION

Product being shipped: \_\_\_\_\_

Size(s) of product: \_\_\_\_\_

Weight(s) of product: \_\_\_\_\_

Total Piece Count: \_\_\_\_\_

Product is:      **Packaged**              **Unpackaged**

If product is unpackaged, please describe what is needed:  
(professional crating, boxed with protection, pad/blanket wrapped, other)

\_\_\_\_\_

Insurance Needed?      **Yes**              **No**

How much : \$ \_\_\_\_\_ per truck.

Product is:      **Palletize**              **Unpalletized**

If your product is not palletized, does it need to be palletized?      **Yes**              **No**

Additional logistical needs:      **Blankets/Pads/Straps/Load Bars/other?**  
(please indicate amount requested for each)

\_\_\_\_\_

**PICK UP LOCATION INFORMATION**

(if a crew is loading vehicle, please include someone as contact person)

Primary Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Additional Contacts: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Emergency (24 hr.) Contact Number \_\_\_\_\_

Loading Dock:        Yes        No

Ground Level:        Yes        No

2<sup>nd</sup> floor or higher: please indicate which floor(s): \_\_\_\_\_

Elevator available:        Yes        No

If yes:        Freight        Standard

Appointment required:        Yes        No

Stairs Only:        Yes        No

Do floors need protection:        Yes        No, if so, please specify as to  
what type of protection and how much \_\_\_\_\_

Loading area-times available for driver/truck \_\_\_\_\_

Dock Appointment necessary:        Yes        No

Additional requirements/restrictions/insurance \_\_\_\_\_

**DELIVERY LOCATION INFORMATION**

Contact person: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ pager # \_\_\_\_\_

Additional contact persons: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ pager # \_\_\_\_\_

Additional contact persons: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ pager # \_\_\_\_\_

EMERGENCY PHONE NUMBERS (24 hr #): \_\_\_\_\_

Loading Dock:        Yes        No

Ground Level:        Yes        No

2<sup>nd</sup> floor or higher: please indicate which floor(s): \_\_\_\_\_

Elevator available:        Yes        No

If yes: Freight \_\_\_\_\_ Standard \_\_\_\_\_

Appointment required:        Yes        No

Stairs only:        Yes        No

Do floors need protection:        Yes        No, if yes, what kind of  
protection and how much \_\_\_\_\_

Loading area-times available for driver/truck \_\_\_\_\_

Dock Appointment necessary:        Yes        No

Any other building requirements/restrictions/insurance:  
\_\_\_\_\_

**SERVICE REQUIREMENTS**

Who is responsible for freight charges? \_\_\_\_\_

(please provide company name/address/billing contact person)

\_\_\_\_\_

(please indicate if there is any pertinent billing information (i.e. PO#, billing address, job #)

\_\_\_\_\_

Size vehicle(s) needed: \_\_\_\_\_, how many vehicles: \_\_\_\_\_.

Driver Touch: \_\_\_\_\_,

Driver No Touch: \_\_\_\_\_,

If yes how many people needed for crew: \_\_\_\_\_.

Ship date(s): \_\_\_\_\_

Ready Time: \_\_\_\_\_

Close Time: \_\_\_\_\_

Deliver date(s): \_\_\_\_\_ (date specific, team necessary???)

Open Time: \_\_\_\_\_

Close Time: \_\_\_\_\_

Multiple stops?      Yes      No

If yes, please indicate the number of stops and their specific addresses:

\_\_\_\_\_

Pertinent Comments: