

DELIVERY CHECKLIST - CUSTOMER NAME:

GENERAL/RECEIVING

Receiving hours?

Can we deliver after receiving hours? **YES** **NO**

-If "Yes" please explain:

Preferred delivery days?

Dock accessibility: **Semi dock Available** **Ground level dock** **Straight truck only**

Are dock times required for deliveries? **YES** **NO**

Specific docks to use/dock notes?

Do you have alternate delivery addresses? **YES** **NO**

-If "Yes" please list:

Trailer seal required? **YES** **NO**

Certificate of Compliance (COC) form required? **YES** **NO**

Forklift available? **YES** **NO**

UNITIZATION

Pallets required? **YES** **NO**

Size restrictions (double pallet for large items ok?)

Dunnage size restrictions? **YES** **NO**

-If "Yes" please explain:

Unit height restrictions? **YES** **NO**

-If "Yes" please explain:

Shrink wrap required? **YES** **NO**

CONTACTS

Receiving contact(s) - Name & Email:

A/P contact(s) - Name & Email:

OTHER

Delivery quantities will be within industry standard 10% over/10% under. We are happy to manage alternative quantity requirements; however, there may be a small cost penalty.

Approval of 10/10? **YES** **NO**

If "No": Alternative preference:

Any other notes or comments: