



Customer Information

Company Name: _____

Business Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

DBA (Doing Business As): _____

Website: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Billing Contact Name: _____

Billing Contact Phone: _____

Billing Contact Email: _____

Contract Information

Contract Term Interest: ☐ Month-to-Month ☐ 6 Months ☐ 12 Months ☐ Other:

Contract Start Date: _____ Contract End Date: _____

Storage Anniversary: ☐ 7 Days ☐ 15 Days ☐ 30 Days



beecooldepot.com



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(213) 852-3537



Inventory Information

Type of Goods Stored: _____

Pallet Size: ☐ Standard (40" x 48") ☐ Other: _____

Pallet Height: _____ Stackable: ☐ Yes ☐ No

Average Pallet Weight: _____ pounds

% Floor Loaded: _____ % Palletized: _____

Pallets per Truckload: _____ pallets

Case Pick Required: ☐ Yes ☐ No

Case(s) Picked per Pallet: _____ Case(s) Picked per Line: _____

Inspections Required: ☐ USDA ☐ FDA ☐ Organic ☐ Other: _____

Average Cases per Pallet: _____ cases

Number of Turns (Annually): _____ turns

Average Pallets per Turn: _____ pallets

Freezer (-10°F to 0°F): _____ pallets

Cooler (32°F to 42°F): _____ pallets

Ambient (45°F to 65°F): _____ pallets

Peak Pallets per Turn: _____ pallets

Number of SKUs (Monthly): _____

Special Handling Requirements: _____



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Inbound Logistics

Typical Delivery Method: ☐ FTL ☐ LTL ☐ Container ☐ Rail ☐ Other:

Frequency of Deliveries: _____ per week

Preferred Carrier(s): _____

Special Delivery Instructions: _____

Outbound Logistics

Typical Shipment Method: ☐ FTL ☐ LTL ☐ Container ☐ Rail ☐ Other:

Frequency of Shipments: _____ per week

Preferred Carrier(s): _____

Special Shipping Instructions: _____



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