



“Contact Form / Product Quote Information Sheet”

Please complete your company information below. A Warehouse Las Vegas Representative will contact you as soon as possible.

COMPANY INFORMATION

Business / Corporation: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

In an effort for us to gain a better understanding of your business, product, and requirements, please complete the sections below:

PRICING REFERENCE

Piece Pallet Contract Sq. Ft. CWT Ton

Other: (Please Specify) _____

WAREHOUSING REQUIREMENTS

Dry Cooler A/C HazMat Cross Dock

Other: (Please Specify) _____

EQUIPMENT / HANDLING REQUIREMENTS

Forklifts Roll Clamp Carton Clamp Slip Sheet Carpet Pole Bale Clamp

Other: (Please Specify) _____

PRODUCT SHIPPING / PACKAGING CHARACTERISTICS

Rolls Skids Pallets Bales Totes Loose Cartons

Crates Slip Sheets Drums

Other: (Please Specify) _____

PRODUCT DESCRIPTION



INVENTORY INFORMATION / REQUIREMENTS

Number of SKU: _____ Pieces on Hand: _____ Unit Length: _____
Inventory Turns: _____ Monthly Throughput: _____ Unit Width: _____
Unit Weight: _____ Stack Height: _____ Unit Height: _____
Storage Needs: Floor Storage Rack Storage Pallet Size: 4 X 4 Other: _____
 Re-Packing Inventory Rotation: FIFO LIFO
Stacking: Single Double Triple

OUTBOUND SHIPPING INFORMATION

Full Truck LTL Rail Container Small Package Air Freight

OUTBOUND SHIPMENT CHARACTERISTICS

Number of SKU: _____ Number of Pieces: _____ Average Weight: _____
Orders – Day: _____ Orders – Month: _____ Cut – Off Time: _____

INBOUND SHIPPING INFORMATION

Full Truck LTL Rail Container Small Package Air Freight

INBOUND SHIPMENT CHARACTERISTICS

Number of SKU: _____ Number of Pieces: _____ Average Weight: _____
Orders – Day: _____ Orders – Month: _____ Cut – Off Time: _____

THANK YOU FOR YOU INQUIRY