

Project Questionnaire



Customer Engineering provides complete Project Management Services. Because these services require the development of a detailed plan, the information requested below is critical.

Account Information: Customer Name _____

| | | | |
|------------------|------------------------|-------------------|-------|
| Distribution | Consolidation | Final Mile | Other |
| Local Deliveries | Store Opening/ Remodel | Return / Disposal | |

Commodity _____

Shipping Origin (City/State/Zip) _____

Is there a need for expedited or guaranteed services Yes No If yes, type of service _____

(Time Critical (by Noon or 5 PM), Time Critical Hour Window, Guaranteed by 5 PM, Multiday Window Service)

Handling Unit Characteristics:

Length* _____ Width* _____ Height* _____ Weight* _____

(*Please be sure the overall weight and dimensions include the weight and dims of the actual pallet.)

| | | | | | | |
|----------------|-------|-------|--------|---------|-------|-------|
| Packaging Type | Totes | Boxes | Crates | Pallets | Rolls | Other |
| Stackable? | Yes | No | | | | |

Number of handling units per shipment _____ Pictures Available? Yes No

| | | |
|--|----------------------|--|
| Please indicate the requested level of service | Basic Delivery | Inside Delivery (First Threshold Only) |
| | White Glove Delivery | Inside Placement Inside Assembly |

Other Special White Glove Services _____

Describe the opportunity – provide as much information as available. _____

Any unique delivery requirements Lift Gate Notify Other (describe below)

Estimated number of shipments per pickup _____ Total Potential Shipments _____

Spotted trailer or live load pick up? Live Load Spot Unknown at this time

Will there be a dock at the delivery locations? Yes No

RVNX Value: \$ ____ .00 per lb.

Will you require YRC to supply the Bills of Lading? Yes No

Would you prefer invoices on a single statement? Yes No (available on projects over 100 shipments and having less than a 30 day duration).

Please provide the distribution list in Excel format.

Customer Contact _____ Cell Phone # _____ Email _____

Is it ok to contact customer directly? Yes No Date Response Needed _____ Project Begin/End _____

Will customer follow a loading plan? Yes No

Who is the competition? _____