

LOGISTICS PROJECT PLANNING EVALUATION

Full Legal Name of Company:

Sales Representative:

Prior Business Name(s):

Brief description of how business was acquired:

Customer Point of Contact:

Title:

Email:

Direct Line:

Business Address:

City:

State:

Zip:

Website:

Office Phone:

Alternate Phone:

Project Scope

Brief Description on Project:

Approx. # of Loads per Month:

Length of Project including dates:

Credit Amount Requesting (Monthly Estimate): \$

Mileage Per Load:

Approximate Rate per Load: \$

Do you receive an email confirmation which includes the approved quote/rate?

Estimated cost per truck:\$

Margin Goal (%):

Estimated insurance requirements for broker/carrier:

Any special instructions or requirements? (GPS, tarps, chains, check calls, etc.)

Do you have any Master Service Agreements (MSA)?

Billing Information

Accounts Payable Contact Name:

Accounts Payable Phone:

Accounts Payable Email:

Net Payment Terms:

Pertinent Information in order to bill the customer (Reference numbers used, required documents):