SADDLE CREEK TRANSPORTATION SM

Transportation Information Gathering Form

Customer Name:	**DATE Request Received**
RFI or RFP? Due Date:	**Billing Information:**
Contact Information:	Direct Billing
Name	Payment Service
Title	EDI
Address	POD's Required
City, State Zip	Summary Invoices
Email	DUNS #
Phone / Fax	FEIN #
Website	**Billing Address:**
Origin of Freight:	
Saddle Creek – Atlanta, 30336	
Saddle Creek – Charlotte, 28269	
Saddle Creek – Ft. Worth, 76106	
Saddle Creek – Lakeland, 33801	
Saddle Creek – Macon, 31217	
Saddle Creek – Orlando, 32808	
Saddle Creek – Winter Haven, 33885	
Other – Non Saddle Creek Location (ZIP)	
Brief Description of Desired Service, Product characteristics*, and Delivery Locations:	
TRUCKLOAD	
LTL	
OTHER	
Delivery Location w/Address & Zip	
*COMMODITY: (product class, or detailed description, weight per cu ft, hazardous, food grade etc.)	
Estimated Weekly Volume:	
Truckloads / Orders / Shipments	
Average Shipment Size	
Service Requirements:	
Hours of Operation	
Hours of Service	
Customer Restrictions	
Mode of Pickup and Delivery:	
Live Load/Live Unload	
Live Load/Drop Unload	
Drop Load/Live Unload	
Drop Load/Drop Unload	
Seasonal? Specify volume by season:	
Project? Specify duration / time frame:	
Please Check all that Apply:	
Pallet Exchange	
Driver Unload	
Dry Freight	
No Pallet Exchange	
Lumper Required	
No Driver Handling	
Temperature Controlled	
Other special services required? Explain:	
Fuel Surcharge:	
Customer will agree to Saddle Creek standard FSC program?	
Customer will dictate FSC - Attached Customer FSC schedule if required.	
Comments:	

Please return this form to info@saddlecrk.com or fax to 863.666.8295.

Thank you for giving us an opportunity to quote your business.
If you have any questions, please call 888.878.1177.