

NOELLE, LLC

Fixturing/Shipping Questionnaire

DATE: _____

CUSTOMER NAME: _____

LOCATION: _____

QUESTIONNAIRE

Please answer all questions:

1. Does your facility have a loading dock? YES NO
2. Does your facility have a fork lift? YES NO
3. Does your facility have limited access? YES NO
4. Is the receiving location a residential area? YES NO
5. Do you require Inside Delivery? YES NO
6. Do we need to make an appointment for delivery? YES NO
7. What are your hours of operation?

8. Contact Name & Phone Number:

9. What is the receiving address?

10. Special Instructions:

NOTE Please complete the above information to the best of your knowledge to help keep the freight charges down and to help expedite your orders!

Please complete this form and email to lindsey@noelleent.net
Thank you from Team Noelle!

SIMPLY *Noelle*® I