



# Business Development Form

Date: \_\_\_\_\_

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Service requested: Warehousing: \_\_\_\_\_ Transload: \_\_\_\_\_ Drayage: \_\_\_\_\_ Inspection: \_\_\_\_\_

Dry Freight Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_ Yard Storage: \_\_\_\_\_

Pick and Pack Service: \_\_\_\_\_ Fumigation: \_\_\_\_\_ Consolidation Service: \_\_\_\_\_

Other: \_\_\_\_\_

Product Description: \_\_\_\_\_

Order Weight: \_\_\_\_\_ Average Case count per order: \_\_\_\_\_

Number of loads per month: \_\_\_\_\_ Order arrival on pallets or floor loaded: \_\_\_\_\_

How will order be arriving: \_\_\_\_\_?

**Special Requirements – Other Services**

Palletization required (please choose one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you require U.S. Custom Services (please choose one)

CES: \_\_\_\_\_ CFS: \_\_\_\_\_ Bonded: \_\_\_\_\_ Agriculture Exams: \_\_\_\_\_ Warehousing: \_\_\_\_\_

Food and Drug Exams: \_\_\_\_\_

Is product hazardous (please choose one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your freight require USDA FSIS Inspections: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please advise country destination: \_\_\_\_\_

Is temperature control service needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is drayage needed outside of the Port: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please provide final destination address: \_\_\_\_\_

Does order require special labeling/stenciling: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who will be providing PCC with the order information: \_\_\_\_\_?

How will PCC receive order information: Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please advise Custom Broker: \_\_\_\_\_ Contact name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Please advise Freight Forwarder: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Do you have service needs in Oakland, Seattle, Tacoma, and/or the Los Angeles/Long Beach area?  
(Please choose one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide scope of your business needs in these areas: \_\_\_\_\_  
\_\_\_\_\_

Please see the Directory Listings below and fax the form back to the specific PCC Logistics fax number for the Region you are looking to development your business.

Order Requirements will be reviewed and a PCC Logistics Sales Representative will contact you shortly.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sales Department**

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