



# Customer SOP

Customer Name \_\_\_\_\_ Sales Person \_\_\_\_\_

Customer Address  
[Large empty box for address]

Primary Shipping Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Email Invoices to: Email: \_\_\_\_\_

Remittance Address:  
[Large empty box for remittance address]

Third Party Bill to:  NO  YES *as provide address*

[Large empty box for additional information]

## REQUIRED DOCUMENTATION

- SHIPPER BILL OF LADING
- PICKUP NUMBER
- SALES ORDER NUMBER
- PURCHASE ORDER NUMBER
- ROUTING NUMBER
- DRIVER AND CARRIER INFO

## REQUIREMENTS FOR BILLING

- SHIPPER BILL OF LADING
- REFERENCE NUMBER
- PO NUMBER
- HARD COPY POD
- TARRIFF
- QUOTE

## SPECIAL REQUIREMENTS

- APPOINTMENT PICKUPS
- APPOINTMENT DELIVERY
- SPECIAL PACKAGING
- BLANKETS
- BLACK WRAP
- STRAPS
- LOAD BARS
- RAMPS