## **Customer Pertinent Delivery Information & Directions**

Please obtain/list all important information that will assist Phillips
transportation personnel in making timely non-evasive deliveries to our customer.
Information such as "driver needs to call ahead before arrival, ring bell, knock, park in back and walk around the front or across the street, driver must be met at a different location or spot, etc, etc."

Customer Name:								
Delivery Address:								
County:		Pho	one:					
Cell Phone # and name o	f contact person:							
Hours of Receiving:								
Location considered (Sele	ect One):	Commercial		Reside	ntial			
If Residential, is there a "	Truck Restriction" or	· Loading Zone	for the l	ocation:	Y	es	No	
Notes/Comments:								
Can delivery location accommodate a 48' trailer:			Yes		No			
If No (Select One):	40'	32' (pup)		Straigh	nt Truck			
Deliveries made in:	Front	Rear of delivery location						
Is there a receiving dock	at delivery location:	Yes		No				
Will the delivery be requested to be brought inside:					No			
Please obtain pertinent T	ravel Information, D	irections, Land	lmarks, to	located	delivery lo	cation:		
Sales Rep Signature:					Date:			

