



Date: _____

Concordance StrategicStorage™ | INITIAL CONSULTATION

Customer Name: _____ Customer #: _____

Contact: _____

Address: _____

Phone: _____ Email: _____

Concordance Account Manager: _____

In order for us to properly evaluate your needs and to ensure the most effective StrategicStorage™ requirements, please provide the following information. This information will be shared with our Logistics/Operations team and they will be in contact with you directly upon review to gather more information and provide a cost proposal.

CUSTOMER NEEDS ASSESMENT (To be completed by the Account Manager)

1. Type of Product: _____

2. Number of SKU's: _____ 3. Total Case Count and/or Pallet Count: _____

4. Where is the product currently stored? Your Facility Third-Party Other: _____

5. Are you requesting Concordance to receive and transfer the product from another location? (i.e. point-of-call, airport, etc.) Yes No

6. Does this inventory contain product that would require rotation due to expiration? Yes No

7. Does this inventory contain any hazardous product? Yes No

8. Inventory intended for: Long-Term Storage Emergency Stockpile Living Stockpile

9. Does the product require special handling? Yes No If yes, please describe.

10. What is the estimated value of this inventory? _____

Additional Comments: _____

