

GARDEN STATE COLD STORAGE

NEW CUSTOMER APPLICATION FORM

March 2021

Newark - 474 Wilson Avenue, Newark, N.J. 07105

Carteret - 580 Port Carteret Drive, Carteret, N.J. 07008

Company's Legal Name			
Company's DBA Name:		Phone Number:	Fax Number:
Billing Address:		City:	State: Zip Code:
Emergency Contact Name:		Emergency Contact Phone Number:	
*Name of Personnel Authorized to make Order Releases:		*Email of Personnel Authorized to make Order Releases:	
Authorized Name for Signed BOL's:		Authorized Email for Receipt Documentation:	
Authorized Name for Signed BOL's:		Authorized Email for Receipt Documentation:	
Accounts Payable Contact:	Accounts Payable Phone Number:	Accounts Payable Email:	

1. How did you hear about us? Internet Search Social Media Client Referral Advertisement
 Salesperson: _____ Other: _____

2. Type(s) of Products: (Check which may apply)

<input type="checkbox"/> Seafood	<input type="checkbox"/> Canned / Jarred Items	<input type="checkbox"/> Nuts / Seeds	<input type="checkbox"/> Food Coloring / Additives
<input type="checkbox"/> Prepared Foods	<input type="checkbox"/> Fruits / Vegetables	<input type="checkbox"/> Liquids / Concentrates	<input type="checkbox"/> Fruit Puree
<input type="checkbox"/> Domestic / Imported Meats	<input type="checkbox"/> Domestic / Imported Bakery	<input type="checkbox"/> Other: _____	

3. Services Needed: (Check which may apply)

<input type="checkbox"/> Frozen Storage (0°F / -18°C)	<input type="checkbox"/> Refrigerated Storage (33°F - 38°F or 1° - 4°C)	<input type="checkbox"/> Ambient Storage
<input type="checkbox"/> Distribution/Trucking Services	<input type="checkbox"/> Case Picking	<input type="checkbox"/> Container Unloading (floor loaded or palletized)
<input type="checkbox"/> Exporting	<input type="checkbox"/> Repacking, Relabeling, Sorting	<input type="checkbox"/> Cross-docking (short-term 1-2 days)
<input type="checkbox"/> Temperature Reductions	<input type="checkbox"/> Catch Weights	<input type="checkbox"/> Drums / IBC / Super-sack unloading
<input type="checkbox"/> Port Services	<input type="checkbox"/> Other: _____	

4. Account Details:

Total Pallet Positions for Inventory: _____	Average Pallet Height: _____	Full Pallet %: _____
Total Number of SKU's: _____	Average Orders/week: _____	Case Pick %: _____

5. Inventory Rules: <input type="checkbox"/> Lot #	6. Online Inventory Access: Username: _____
<input type="checkbox"/> First in, First Out (FIFO) <input type="checkbox"/> First expiry, First out (FEFO)	Password: _____

7. Special Requirements:

***** G.S.C.S OFFICE USE ONLY *****

CUST CODE:	Frozen Rate	Refrigerated Rate	Ambient Rate	(Floor Loaded)	(Palletized)	<input type="checkbox"/> Tariff Rates	Tariff Profile: _____	
Storage:						Release Charge:		Pallets:
Handling:						Shrink-wrap:		Other:
Renewal:						Sorting:		
Unloading:						Labeling:		
Cross - Dock:						Take Weight:		

General Manager:	Sales Manager:	Billing Manager:	Date:
Client Name: (Print)		Client Signature:	Date:

(Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement.)