## Sort Pro Services Holdings Inc

## **Packaging Materials Sorting Operations Questionnaire**

Sontact information:
Company Name / Location:
Contact Name / Title:
Plant Address:
Phone: Fax: Email:
Current Sorting Service Provider: (Circle all of the following that apply)
ndependent Service Provider Plant Contracted Labor Plant Personnel
Current Sorting Center Location: (Circle one of the following)
n-Plant On-Site (Not Attached to Plant) Off-Site (Plant Leased or Owned) Off-Site (Sorter's Facility)
Packaging Material Volumes: (Enter amount and Circle period)  Additional Services: (Check service interest)
Sheets Per Week Month Year Pallet Repair Services
Frames Per Week Month Year Pallet Washing Services
Pallets Per Week Month Year Top Frame Repair Services
Service Coverage: (Enter specific service coverage availability if required)
Days / Week: Hours / Day: Start / Stop Time:
Packaging Material Delivery Requirements: (Enter makeup of sorted materials returned to plant)
Sheets palletized in stacks of (Ex. 600 sheets ea. or 18" of sheets) per pallet. (Circle one)  Nith or Without a top frame on top of the finished sheet stack. Banding of the finished pallet of sheets (Circle one) Is  or Is Not required. If banding is required (Enter Number) band(s) on the 44" side and (Enter Number)  band(s) on the 56" side. If sheet quantity entered above is in inches (Ex. 18" of sheets) the height of the stack (Circle one)  Does or Does Not include the pallet.
Frames palletized in stacks of (Ex. 20 frames ea. or 20" of frames ) per pallet. Banding of he finished pallet of frames (Circle one) <u>ls</u> or <u>ls Not</u> required. If banding is required (Enter Number) band(s) on
he 44" side and (Enter Number) band(s) on the 56" side. If frame quantity entered above is inches (Ex. 20" of
rames) the height of the stack (Circle one) Does or Does Not include the pallet.

Please fax completed questionnaire to:

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