

Shipping Needs Assessment

Date: [Insert Date]

To: [Recipient Name]

Company: [Recipient Company]

Address: [Recipient Address]

City, State, Zip: [Recipient City, State, Zip]

Dear [Recipient Name],

We appreciate your interest in our services and are eager to assist you with your shipping needs. To ensure we provide the best solutions tailored to your requirements, we kindly request you to complete this shipping needs assessment.

Shipping Information

- 1. Product Type:** [Insert product type]
- 2. Quantity to Ship:** [Insert quantity]
- 3. Shipping Origin:** [Insert origin]
- 4. Shipping Destination:** [Insert destination]
- 5. Desired Shipping Timeline:** [Insert timeline]

Special Requirements

Are there any special handling requirements? [Yes/No]

If yes, please specify: [Insert details]

Additional Information

Please provide any other relevant details that will help us meet your shipping needs: [Insert details]

Thank you for your time. We look forward to your response and to working together to meet your shipping needs.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]