

VAN/PLATFORM/STAKE BODY TRUCK SALES ANALYSIS QUESTIONNAIRE

Company Name: _____ **Contact Name:** _____
Type of Business: _____ How many locations: _____

PRODUCT: _____ Weight of Product per load (lbs.) _____
Maximum length of product : _____ Type and dimensions of packaging (ft.) _____

GENERAL OPERATION / MAINTENANCE:

How many miles per year will the truck travel? _____ Where do you purchase your tires? _____
How long do you plan on operating the truck? _____ How do you purchase fuel? _____
How many drivers will operate the truck? _____ Who performs your scheduled maintenance? _____
Do your drivers perform regular inspections? _____ - If Yes how often: Daily Weekly Other: _____
When do you prefer your maintenance to be performed: Nights Weekends Downtime Other: _____
What are your maintenance costs: per month: _____ per day: _____ per mile: _____

VAN SPECIFICATIONS:

Outside Length (ft.) _____ Interior Width _____ Interior Height _____
Rear Door(s) - check one: Swing Door Roll-Up Door Width needed: _____ Height needed: _____
Side Door - check one: Yes No Width needed: _____ Height needed: _____
Floor requirements (hardwood, pine, diamond plate overlay, etc.) _____
Roof requirements Aluminum Translucent _____
Interior/exterior lighting requirements _____
Cargo secure mechanism (E-track, D-rings, wood slats, etc.) _____
If E-track installed, is the E-Track recessed into the wall? - Check one: Yes No
Curtains: Rear Door Side Door _____

PLATFORM/STAKE SPECIFICATIONS:

Stake sides Yes No Height needed: _____ Additional: _____
Cargo secure mechanism (winches, D-rings, chains, ropes, etc.) _____
Type of bulkhead : Mesh Cut-out window Tool boxes Yes No If yes, what dimensions? _____
Additional racks/toolbox requirements _____
Additional towing requirements (pintle hook, receiver hitch, pintle/ball combo hitch, etc.) _____

LOADING:

How is the product loaded/unloaded (forklift, pallet jack, etc.)? _____
Liftgate required – check one: Yes No If yes, capacity (lbs.) _____ Platform size needed _____
Sealed dock - check one: Yes No Time to load (hours): _____

DISTRIBUTION:

Operating Time (hours per day): _____ Number and duration of delivery stops: _____
Rear Door Openings (times per day): _____ Duration in minutes per stop: _____
Side Door Openings (times per day): _____ Duration in minutes per stop: _____
Any special considerations: _____
Any limitations (i.e. noise): _____

