

REFRIGERATED TRUCKS 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.): _____

DISTRIBUTION:

Operating Times (hours per day): _____ Number and duration of delivery stops: _____

Rear Door openings (time 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): _____

REFRIGERATION UNIT:

Vehicle Powered (engine driven) Self Powered Additional: _____

Electrical Stand-by Required: Yes No If Yes, power supply: Single Phase (230/1/60) Triple Phase (230/3/60)

Desire Product Temperature _____ Recommended High Temp _____ Recommended Low Temp _____

Ambient Temperature Range (minimum): High _____ Low _____

Is Heating required? Yes No Temp required: _____ If Yes, for what purpose: _____

BODY:

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: _____

Insulation Type: _____ Insulation Thickness: Roof _____ Floor _____ Walls _____ Door _____

If E-track installed, is E-Track recessed into wall? - Check one: Yes No

Curtains: Rear Door Side Door

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): _____

Unit running during loading - check one: Yes No Pre-cool run time (hours) before loading: _____

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: _____