



To be Completed and Return Fax to +65 6863 1368

Slip-sheet

Name _____

Address _____

Telephone _____ Fax _____

1 Type of product _____

2 Are slip-sheets being considered for export or domestic shipments?

Export

Domestic

Both

3 How are the products packaged?

Cartons

Bags

Others

4 Are you currently shipping on:

Wooden Pallets

Floor Loaded

Others

5 How many container loads of product will be slip-sheeted and shipped monthly?

6 What is the estimated weight of the product that will be placed on a slip-sheet?

Kilos

Pounds

7 What are the dimensions of the unitized load that will be placed on a slip-sheet?

Length

Width

8 Will the slip-sheeted loads be moved one unit at a time or in double-stacks?

One Unit

Two Units

9 Will the slip-sheets be exposed to outdoor weather conditions?

Yes

No

To be Completed and Return Fax to +65 6863 1368



Slip-sheet

For Existing User

Type of slipsheet in-use?

Kraft Linerboard

Plastic

Others

Dimension of slipsheet

Length

Width

Thickness

Brand of Pushpull used?

For New User

Are you interested in storing slip-sheeted loads on pallets prior to shipments (pallets will be used internally and not for shipment)?

Yes

No

Do you have an automatic palletizer?

Yes

No

Is your unitized load stretch wrapped?

Yes

No

Do you have loading docks in your shipping area?

Yes

No

Are your customers/ recipients ready to receive goods in Slipsheet

Yes

No

What is/are the your company's objective(s) for implementing slip-sheet?
