

CARGO VAN Full-Line Vending Questionnaire

BEVERAGE CAPACITY:

20 oz.: _____ Cases

Cans: _____ Cases

CONTACT INFORMATION:	COOLER REQUIREMENTS:		
	CANDY USING omniice	_____ CU FT	
Name:	Number of Trays :	_____ PLSK 24	_____ PLC 24
		_____ CC 26	_____ CUSTOMER
Company:	FOOD USING omniice	_____ CU FT	
	Number of Trays :	_____ PLSK 24	_____ PLC 24
Street Address:		_____ CC 26	_____ CUSTOMER
	FOOD USING COLDPLATE	_____ CU FT	
City/State/Zip:	Number of Trays :	_____ PLSK 24	_____ PLC 24
		_____ CC 26	_____ CUSTOMER
Phone:	FROZEN USING COLDPLATE	_____ CU FT	
	Number of Trays :	_____ PLSK 24	_____ PLC 24
E-mail:		_____ CC 26	_____ CUSTOMER

DO YOU HAVE EXISTING TRAYS? YES NO

IF YES, PLEASE GIVE US THE DIMENSIONS: Length: _____ Width: _____ Height: _____

SHELF SPACE NEEDED (Shelf System 19" Deep): _____ Linear Feet

SHELF ABOVE SODA: _____ Square Feet

DO YOU NEED A SAFE? YES NO

IF YES, WHAT TYPE? ECONO _____ COLLECTION _____ COLLECTION COMBO _____
 INSIDE _____ REAR MOUNTED _____

DO YOU NEED A HAND TRUCK RACK? YES NO REAR MOUNTED? YES NO

WOULD YOU LIKE US TO ACQUIRE THE VAN FOR YOU? YES NO

IF YES, MAKE AND MODEL PREFERRED: _____

FUEL TYPE PREFERRED: DIESEL _____ GAS _____

IF YOU OWN A VAN ALREADY, WE NEED TO KNOW:

MAKE/MODEL: _____

GVWR: _____ LBS.

NOTES:
