



## **METROPOLITAN ONBOARDING CHECKLIST**

### **Welcome to Metropolitan Warehouse & Delivery!**

We're excited to welcome you as a valued customer. This onboarding packet is designed to help us gather the information we need to support you across our full range of services—from warehousing and logistics to final mile delivery. Please take a few moments to complete the forms and review the included details.

If you have any questions, our team is ready to help.

**Metropolitan Sales Rep:**

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**Date:**

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**Legal Corporate Name:**

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**CEO/President:**

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**Full Legal Address:**

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**Physical Corporate Address:**

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**Preferred Phone Number:**

---

**Primary Website:**

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### **PRIMARY SHIPPING CONTACT**

**Name:**

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**Title:**

---

**Email Address:**

---

**Preferred Phone Number:**

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### **PRIMARY CUSTOMER SERVICE CONTACT**

**Name:**

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**Title:**

---

**Email Address:**

---

**Preferred Phone Number:**

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**PRIMARY ACCOUNTING CONTACT**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**PRIMARY TECHNOLOGY CONTACT**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**COMMODITY INFORMATION**

**Product Category:** \_\_\_\_\_

**If "Other," Please List Here:** \_\_\_\_\_

**Common Product Types:** \_\_\_\_\_

**Packaging Type:** \_\_\_\_\_

**Maximum Product Weight:** \_\_\_\_\_

**Most Common Delivery Type:** \_\_\_\_\_

**Is Product Fragile?** \_\_\_\_\_

**Is Product High Value?** \_\_\_\_\_

**Typical Damage Risks:** \_\_\_\_\_

**Can Items Fit Through a Standard Doorway?** \_\_\_\_\_

**Do You Have Peak Seasons?:** \_\_\_\_\_

**If Yes, Please Describe Here:** \_\_\_\_\_

**Average Weekly/Monthly Volume:** \_\_\_\_\_ **shipments per** \_\_\_\_\_

**PRIMARY SHIPPING ADDRESS**

**Street Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Dock Hours:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**SECONDARY SHIPPING ADDRESS**

**Street Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Dock Hours:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**ADDITIONAL SHIPPING ADDRESS**

**Street Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Dock Hours:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**ADDITIONAL SHIPPING ADDRESS****Street Address:**

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**City, State, and Zip Code:**

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**Dock Hours:**

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**Primary Contact:**

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**Preferred Phone Number:**

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**Email Address:**

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**ADDITIONAL SHIPPING ADDRESS****Street Address:**

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**City, State, and Zip Code:**

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**Dock Hours:**

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**Primary Contact:**

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**Preferred Phone Number:**

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**Email Address:**

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