



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: _____

Date: _____

Legal Corporate Name: _____

CEO/President: _____

Full Legal Address: _____

Physical Corporate Address: _____

Preferred Phone Number: _____

Primary Website: _____

PRIMARY SHIPPING CONTACT

Name: _____

Title: _____

Email Address: _____

Preferred Phone Number: _____

PRIMARY CUSTOMER SERVICE CONTACT

Name: _____

Title: _____

Email Address: _____

Preferred Phone Number: _____

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: _____

City, State, and Zip Code: _____

Dock Hours: _____

Primary Contact: _____

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