

Intelligent Business Systems LLC

Needs Analysis Survey

Please answer the following questions. Your responses will be carefully analyzed to determine the shipment processing solution that will be most beneficial to your organization. If you have any questions please contact sales at 503-331-4000.

Upon completion of this survey, please send all pages to: **Fax (888) 834-8657**

Name _____

Date ____ / ____ / ____

I Company Profile (Shipping Address)

Company Name _____

Primary Contact _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Parent Company _____

Principal Contacts:

Operations Manager _____

MIS Manager _____

Project Manager _____

Other _____

Type of Industry:

Wholesale Retail Manufacturer Mail Order Fulfillment Media

Other _____

Type of Business (e.g. Food, Drug, Automotive, etc.) _____

Types of Products _____

Daily Package Count:

Total Number of packages shipped per day _____ (Average all carriers)

II Current Shipping System

Brand _____ Model _____

Age _____ Owned Carrier provided Leased

If Leased, expiration date _____

What do you like about this system?

What do you dislike about this system?

Are there any functions that your current system doesn't handle which you require?

III Operation

Order Entry / Order Processing:

Please describe your host system:

Host computer and operating system _____

Terminal type(s) supported _____

System Topology _____

Application Software manufacturer and product name _____

Are your databases ODBC compliant? Yes No

If No, skip to page 6

If yes, please list all of the field names, table names and field types of your Host system. (optional)

Database type: _____

Retrieving information from host: (Please insert field names, Table name and types if you know them)

Field:	Table:	Type
		N = Num C = Char D = Date M = Money
Order/Invoice #:	_____	_____
Carrier code:	_____	_____
Weight (If known)	_____	_____
PO Number	_____	_____
PO # Length	_____ (What is the maximum length of a PO number)	_____
Status	_____	_____
Dept	_____	_____

Ship to information:

Customer Number	_____	_____
Company Name	_____	_____
Contact Name	_____	_____

III Operation (cont.)

Field:	Table:	Type
		N = Num C = Char D = Date M = Money
Address 1	_____	_____
Address 2	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Country	_____	_____
Phone	_____	_____
Third Party Bill to: (if available from database)		
Company Name	_____	_____
Contact Name	_____	_____
Address 1	_____	_____
Address 2	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Account Number	_____	_____
Misc:		
Terms Code	_____	_____
Pkgs in shipment	_____	_____
Insurance Amount	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

III Operation (cont.)

Update

Updates are made to the host system by each:

- Order** **Package** **Order and Package**

Which of the following information must be updated to the host (your company system) from the shipping system:

Field:	Table:	Type
<input type="checkbox"/> Weight	_____	_____
<input type="checkbox"/> Freight charges	_____	_____
<input type="checkbox"/> Package count	_____	_____
<input type="checkbox"/> Tracking number	_____	_____
<input type="checkbox"/> Date	_____	_____
<input type="checkbox"/> Time	_____	_____
<input type="checkbox"/> Carrier	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

N = Numeric
C = Character
D = Date
M = Money

III Operation (cont.)

What conditions must be met to allow shipping? _____

What conditions would prevent an order from being shipped? _____

Packing:

Do you verify contents packed in each carton? Yes No

Do you track product serial numbers? Yes No

Traffic:

How do you make carrier selection decisions?

Coded in Host system User input at time of shipping Other _____

Do you want to shop for best rates during the shipping process? Yes No

If YES, based upon what criteria? Least cost Transit time/least cost Time of delivery

Number of day's delivery Weight Destination Zip Guaranteed

Other _____

Shipping:

Do you have multiple package orders? Yes No

Do you consolidate or bundle shipments to the same consignee? Yes No

Do you confirm shipments as they are loaded on to trucks? Yes No

Do you ship hazardous material? Yes No

Where do you ship? Regionally Nationwide Internationally

What type of international shipping do you do? _____

(Please attach copies of any International Customs forms you require)

III Operation

Site Logistics:

Which of the following describes your operation?

- Items are picked and packed Items pre-boxed and weighed prior to shipping Both

Do you plan to weigh (and rate) all boxes for an order/picklist together before moving on to the next order/pick list? Yes No

Will you need to ship non order shipments? Yes No

If yes, will you need your current Vendor/Customer file copied to your new system? Yes No

Do you ever split orders among shipping locations, method or carrier? Yes No

Do you ever ship multiple orders in one box (Ship with other goods)? Yes No

How many shipping stations do you expect to require? _____

Will the shipping station be integrated with a conveyor line? Yes No

Which type of scale will you require ?

- Ball-top Platform/Bench in-motion Not sure

Will you be requiring a barcode scanner? Yes No

(Barcode scanners enable you to scan the barcoded order or invoice number from the pick ticket avoiding manual key entry)

If yes, which type?

- Keyboard wedge Serial Wireless in-motion overhead Not sure

If you already have a barcode scanner, please list your current brand and model below:

Brand _____ Model _____

Will you be requiring a thermal printer? Yes No

If yes, which type?

- Direct Thermal Thermal Transfer in-motion print and apply Not sure

If you already have a printer, please list your current brand and model below:

Brand _____ Model _____

III Operation (cont.)

UPS Pieces shipped per day ? _____

- Do you require contract rates to be loaded? Yes No
- Do you use returns Plus 1 service (1 UPS pickup Attempt) Yes No
- Do you use returns Plus 3 service (3 UPS pickup Attempt) Yes No
- Do you use private insurance? Yes No
- Do you use dimensional weight for Air services? Yes No
- Do you ship oversize packages? Yes No
- Do you use saturday delivery? Yes No
- Do you ship Hazardous Materials? Yes No
- Do you require support for Extended Area Surcharge? Yes No

Please indicate carrier services used by placing the desired unique carrier code in the “Order Entry Carrier code” box next to the service. If you don’t use the service leave it blank. Place a check in the applicable special service’s you use by carrier service.

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services										
			COD	COD Cash CK/MO	Insured Value	Email Notification	Bill Recipient	Bill Consignee	Bill 3 rd Party	Residential	Add Handling		
U11		Ground											
U01		Next Day Air											
U02		Next Day Air Letter											
U07		Second Day Air											
U08		Second Day Air Letter											
U21		3 Day Select											
U35		2 nd Day Air AM											
U36		2 nd Day Air Letter AM											
U43		Next Day Air Saver											
U44		Next Day Air Saver Letter											
U60		Early AM											
U61		Early AM Letter											
U20		Hundredweight Ground											
U24		Hundredweight 3 Day Select											
U25		Hundredweight 2 nd Day Air											
U26		Hundredweight Next Day Air											
U45		Hundredweight 2 nd Day Air AM											
U46		Hundredweight Next Day Air Saver											
U48		Shipment Standard Service to Canada											
U49		Shipment Express Service Int											
U54		Shipment Expedited Service Intl											
U63		Shipment Express Plus Service Intl											
U64		Express Service Intl 10KG Box											
U65		Express Service Intl 25KG Box											
U66		Express Plus Service Intl 10KG Box											
U67		Express Plus Service Intl 25KG Box											
U68		Express Service Intl Letter											
U69		Express Plus Service Intl Letter											

Please list additional UPS Account numbers your Company ships under:

Company Name	UPS Account Number	Billing Address

FedEx Ground Pieces shipped per day ? _____

Please answer the following questions concerning your Fedex Ground usage:

- Do you use AOD (Acknowledgement of Delivery) service? Yes No
- Do you use Auto POD (Proof of Delivery) service? Yes No
- Do you use private insurance? Yes No
- Do you use Shipment Notification service? Yes No
- Do you ship oversize packages? Yes No
- Do you use saturday delivery? Yes No
- Do you ship Hazardous Materials? Yes No
- Do you ship residential Packages? Yes No
- If Yes
 - Do you use Appointment Delivery service? (Res. only) Yes No
 - Do you use Edit Delivery Instructions service? (Res. only) Yes No
 - Do you use Evening Delivery service? (Res. only) Yes No
 - Do you use Signature Service? (Res. only) Yes No
 - Do you use Date Certain Service? (Res. only) Yes No
 - Do you require support for Residential Surcharge? Yes No

Please indicate carrier services used by placing the desired unique carrier code in the “Order Entry Carrier code” box next to the service. If you don’t use the service leave it blank. Place a check in the applicable special service’s you use by carrier service.

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services										
			COD	COD Currency	COD Guaranteed	Bill 3 rd Pasrty	Bill Shipper	Bill Recipient	Bill Grd Collect	Declared Value	Residential del	Add Handling	
R02		Ground											
R04		Ground Canada											
R13		Ground Mexico											
R17		Multiweight											
R21		Multiweight Mexico											
R25		Multiweight Canada											
R92		Ground US											
R99		Multiweight US											

III Operation (cont.)

Shipping (cont.):

FedEx Express Pieces shipped per day ? _____

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services			
			COD	3 rd Party	Residential Delivery	Dim Weight
F01		Priority Overnight				
F02		Priority Overnight Envelope				
F03		Priority Overnight Pak				
F04		Priority Overnight Box				
F05		Priority Overnight Tube				
F06		Standard Overnight				
F07		Standard Overnight Envelope				
F08		Standard Overnight Pak				
F09		Standard Overnight Box				
F10		Standard Overnight tube				
F11		2 Day				
F14		2 Express Saver				
F15		1 Day Freight				
F16		2 Day Freight				
F17		3 Day Freight				
F18		First Overnight				
F19		First Overnight Envelope				
F20		2 Day Envelope				
F21		2 Day Pak				
F60		Intl First Envelope				
F61		Intl First Pak				
F62		Intl First				
F63		Intl Priority Envelope				
F64		Intl Priority Pak				
F65		Intl Priority				
F69		Intl Economy				
F71		Intl Priority 10KG Box				
F72		Intl Priority 25KG Box				
F73		Intl Priority Distribution				
F74		Intl Priority Freight				
F75		Intl Economy Freight				

III Operation (cont.)

Shipping (cont.):

USPS Pieces shipped per day ? _____

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services			
			COD	Return Receipt	Sign. Confirmation	Del Confirmation
P01		First Class Regular				
P02		First Class Presort *				
P03		First Class Priority				
P04		Express (PO to Address)				
P05		First Class Priority Flate Rate				
P06		Express (PO to Address) Flate Rate				
P32		Standard Mail Bulk				
P41		Inter-BMC Machinable				
P42		Inter-BMC Non-Machinable				
P43		Intra-BMC Machinable				
P44		Parcel Select DBMC Machinable				
P45		Media Mail				
P46		Library Mail				
P47		Bound Prnt matter Parcel (Single)				
P48		Bound Prnt matter Parcel (Bulk)				
P49		Intra-BMC Non-Machinable				
P50		Parcel Select DBMC Non-Machinable				
P51		Bound Prnt Matter Flat (Single)				
P52		Bound Prnt Matter Flat (Bulk)				
P60		Global Airmail Letter Post				
P61		Global Airmail Small Packet				
P62		Global Airmail Printed Matter				
P63		Global Airmail Parcel Post				
P65		Global Airmail Periodicals*				
P66		Global Airmail Printed Matter M-Bag				
P67		Global Airmail Books/Music M-Bag				
P68		Global Airmail Periodicals M-Bag*				
P69		Global Economy Small Packet				
P70		Global Economy Printed Matter				
P71		Global Economy Parcel Post				
P72		Global Economy Books/Music				
P73		Global Economy Periodicals *				
P74		Global Economy Printed Matter M-Bag				
P75		Global Economy Books/Music M-Bag				
P76		Global Economy Periodicals M-Bag *				
P78		Global Express Mail *				
P79		Global Priority Variable Weight				
P80		Global Priority Small				
P81		Global Priority Large				

III Operation (cont.)

Shipping (cont.):

DHL Pieces shipped per day ? _____

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services			
			Delivery Duty Paid	3 rd Party	Import Express	Dim Weight
D01		Worldwide Priority Express				
D02		Inter Document Service (Pkg)				
D03		Inter Document Service (Express Doc)				
D04		Next Day (Pkg)				
D05		Next Day (Express Doc)				
D06		Global Mail Priority				
D07		Global Mail Standard				
D09		Ground				
D10		2 nd Day				
D11		2 nd Day Letter				
D12		Next Day (Package – 3:00PM)				
D13		Next Day (Exp Doc – 3:00PM)				

III Operation (cont.)

Bax Global

Default Carrier Code	Order Entry Carrier Code	Service Description	Special Services			
			Bill to recipient	3 rd Party	COD	Dim Weight
B01		Overnight				
B02		Overnight Letter				
B03		Second Day				
B04		Deferred				
B05		Saver				

List the LTL Carriers you ship with and the number of shipments per week: (Only include Carriers you want in your New System)

Carrier Name	Shipments per Week	Printed BOL Y or N	Rated Carrier Y or N	Itemized BOL Y or N
:				

List any other carriers you do business with and the package volume per day (e.g. local and regional parcel / courier companies, company truck, etc.):

Carrier Name	Shipments per Day	Carrier Compliance Label Required Y or N	Rated Carrier Y or N	End of Day Manifest Y or N
:				

III Operation (cont.)

Labels:

- Do you need to have an alternate shipping address for 3rd party customers (fulfillment/Drop shipping)
 (If Yes, please provide a list of known alternate addresses) Yes No
- Are there any additional items you would like included on labels?
 (If YES, please attach sample) Yes No

Forms:

- Would you like to print all forms labels using one printer? Yes No
- Which of the following are you interested in printing:
 Motor Freight Bill of Lading Charge back reports
 Hazardous material tag printing International customs documentation
- Additional forms (Please list) _____

- Do you want to have packing slips printed automatically as a part of shipping? Yes No
- Do you want to have invoices printed automatically as a part of shipping? Yes No
- Are carrier routing instructions coded on your system? Yes No

Reports:

What types of management reports do you require? (**Please attach samples**) _____

Query:

- Who, in your organization, needs on-line access to shipping information?
- Customer Service Sales Accounting Traffic Billing
 Purchasing Production Operations MIS
 Other _____

Billing:

- Do you charge your customers for freight? Yes No
- If YES, do you charge actual freight? Yes No
- If NO, how do you determine freight? _____
- Do you implement third party billing? Yes No
- Do you ever add a surcharge for shipping: By box? By order?
- If YES to either, under what conditions? _____

Do you charge back to: Departments? Cost Centers? Accounts?

III Operation (cont.)

Customer Service:

How important is it for your customer service department to have access to shipping status and tracking information?

- Very Important Somewhat Important Not Important

How important is it for your customer service department to have the ability to provide actual shipping charges at the time of order entry?

- Very Important Somewhat Important Not Important

How important is it for your company to provide shipping/rating ability integrated with the company website?

- Very Important Somewhat Important Not Important

Do your customers make last minute shipping changes?

- Very Often Often Occasionally Never

How do you presently confirm that shipments have been received at the intended destination and time?

- Only when the intended receiver calls? Track every package shipped Do not track

What percentage of the packages that you ship are you requested to track? _____

Do you claim carrier refunds for late deliveries? Yes No

If yes, what percentage of the packages that you track do you file carrier refund claims for? _____

Are you interested in or require e-mail shipping confirmation?

- Not Interested Interested Require

Receiving/Inventory:

What is the approximate number of incoming packages you receive per day? _____

Do you require incoming packages from vendors to have your compliance labeling? Yes No

Do you track packages from their initial arrival at the company to their receipt by the addressee? Yes No

Do you label packages as they are received by the organization? Yes No

Do you use hand-held collection devices in the receiving process? Yes No

Do you check shipping charges of incoming freight packages? Yes No

Do you deliver incoming packages by more than one route? Yes No

If YES, How many routes does your company deliver to? _____

Are you interested in learning more about a receiving system? Yes No

IV Project

Please provide any additional information that will help us evaluate your shipping needs:

List your goals/objectives in implementing a new integrated multi-carrier shipment processing system:

Project Status:

General Interest Study Phase Design Phase Vendor Selection

Is the project budgeted? Yes No If NO, is a budget required to purchase? Yes No

When do you plan to make a purchase decision? _____

When do you plan to implement? _____

Thank you for your cooperation. Please fax all pages to: (888) 834-8657 Attention: Sales.