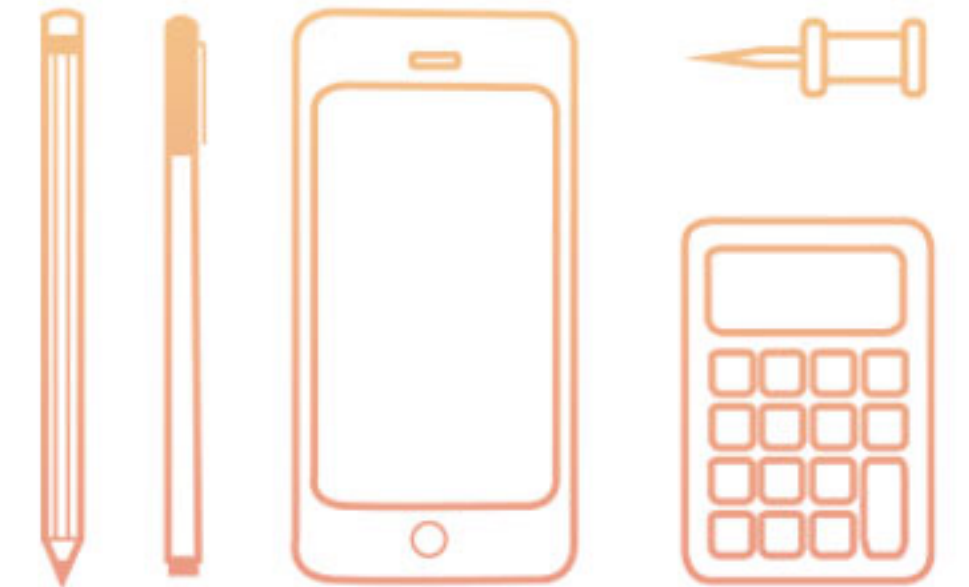


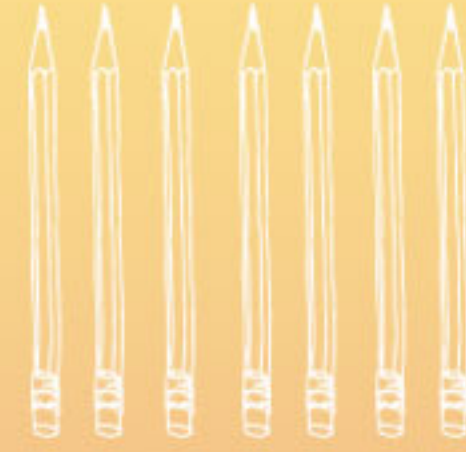
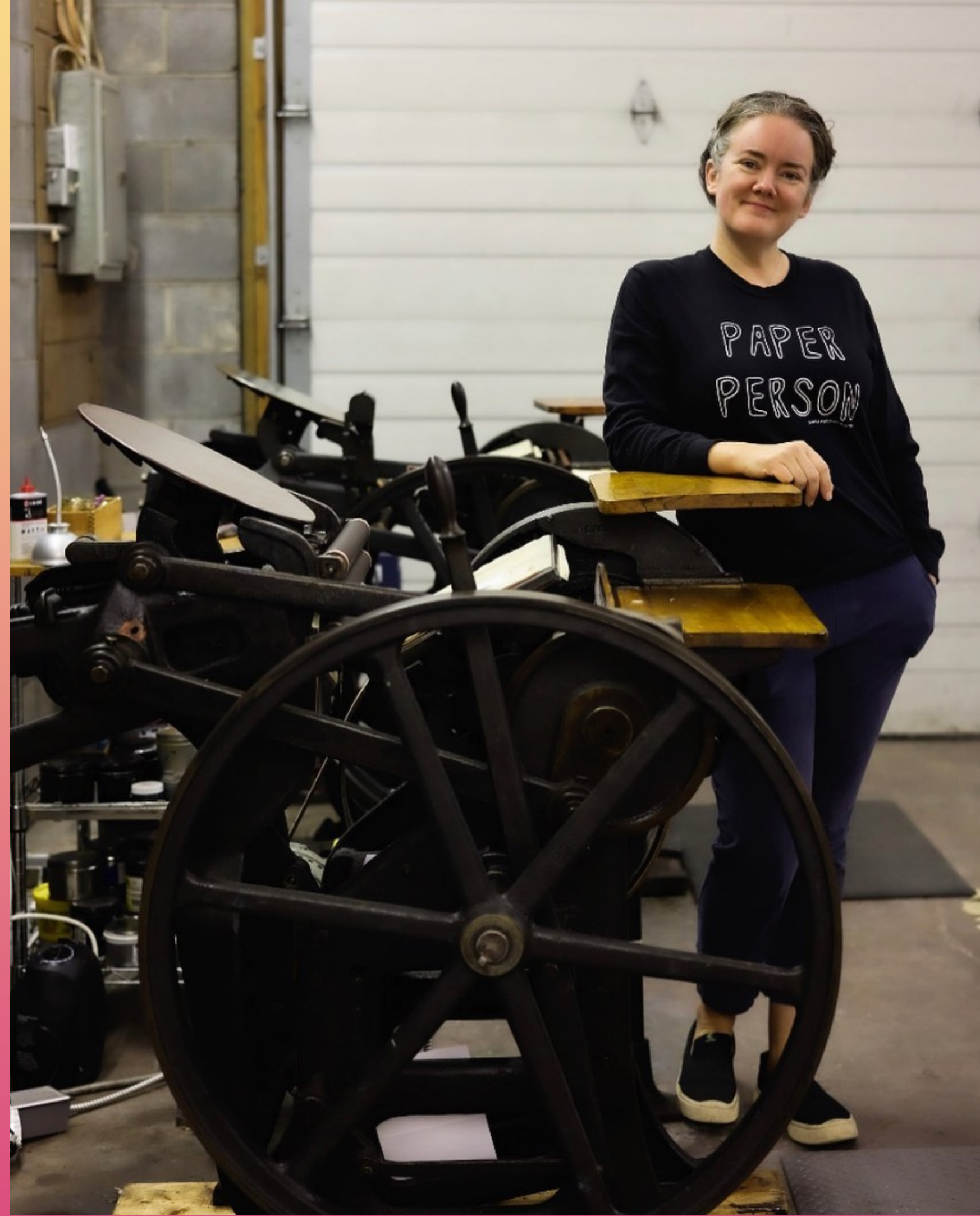
**MANY VOICES
ONE COMMUNITY**



learning

**What you need to
do to prepare to present
and sell to Key Accounts**

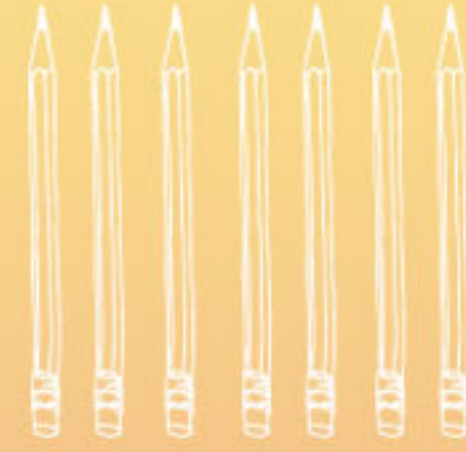
Kate Murray
Quick Brown Fox Letterpress



**MANY VOICES
ONE COMMUNITY**

paper person
and letterpress
obsessed



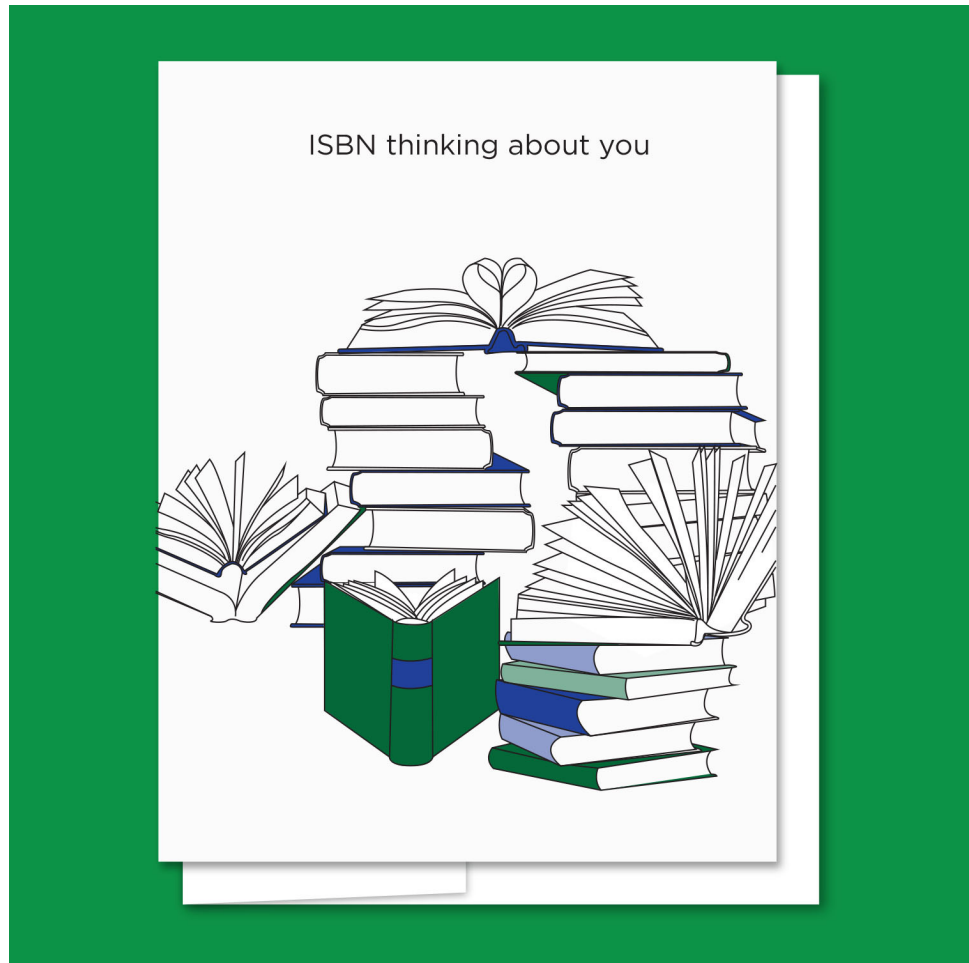


**MANY VOICES
ONE COMMUNITY**

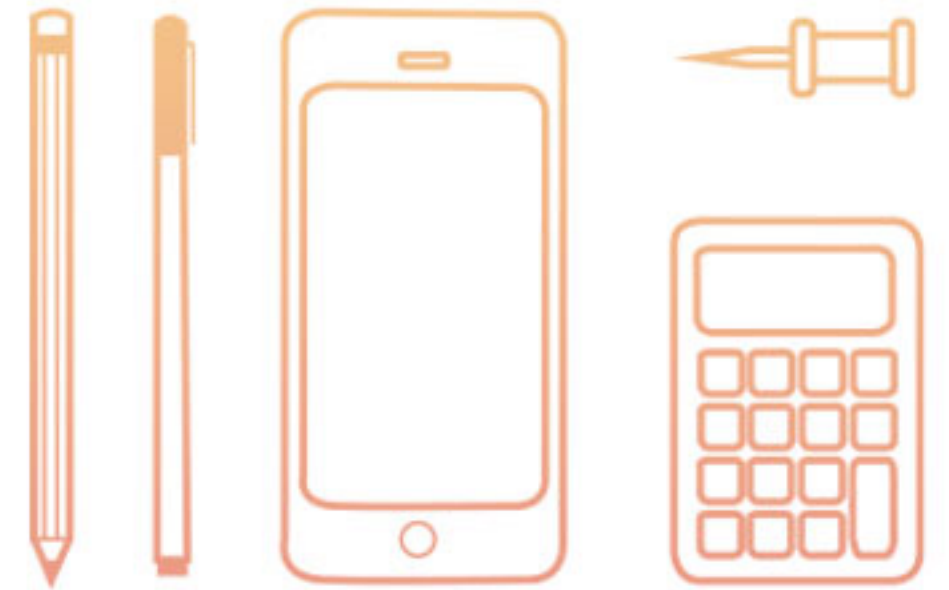


Be organized

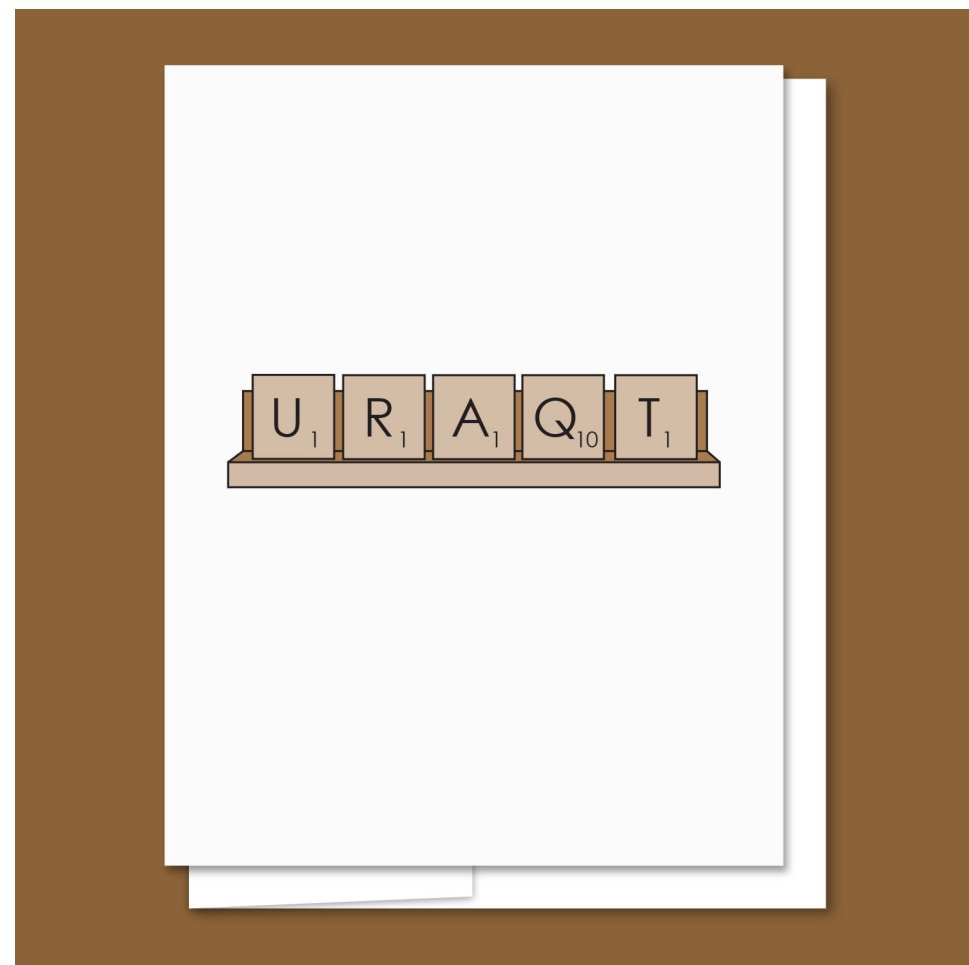
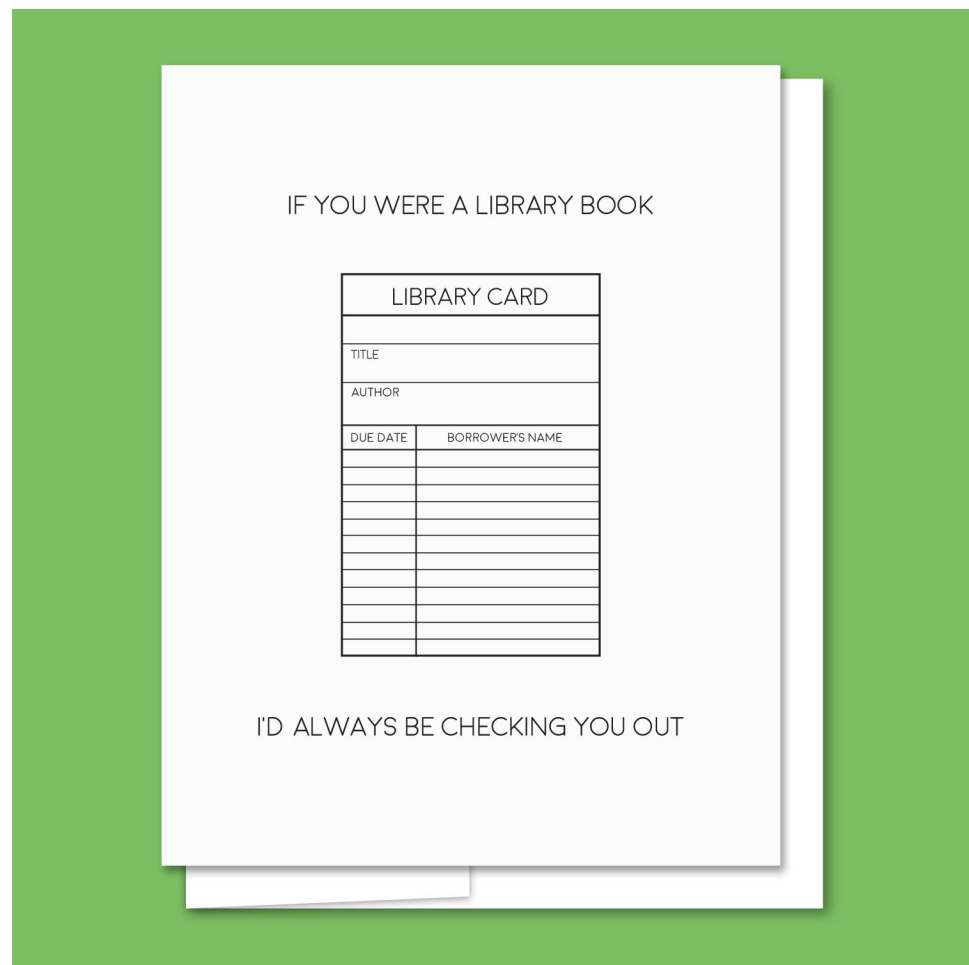




MANY VOICES ONE COMMUNITY



learning

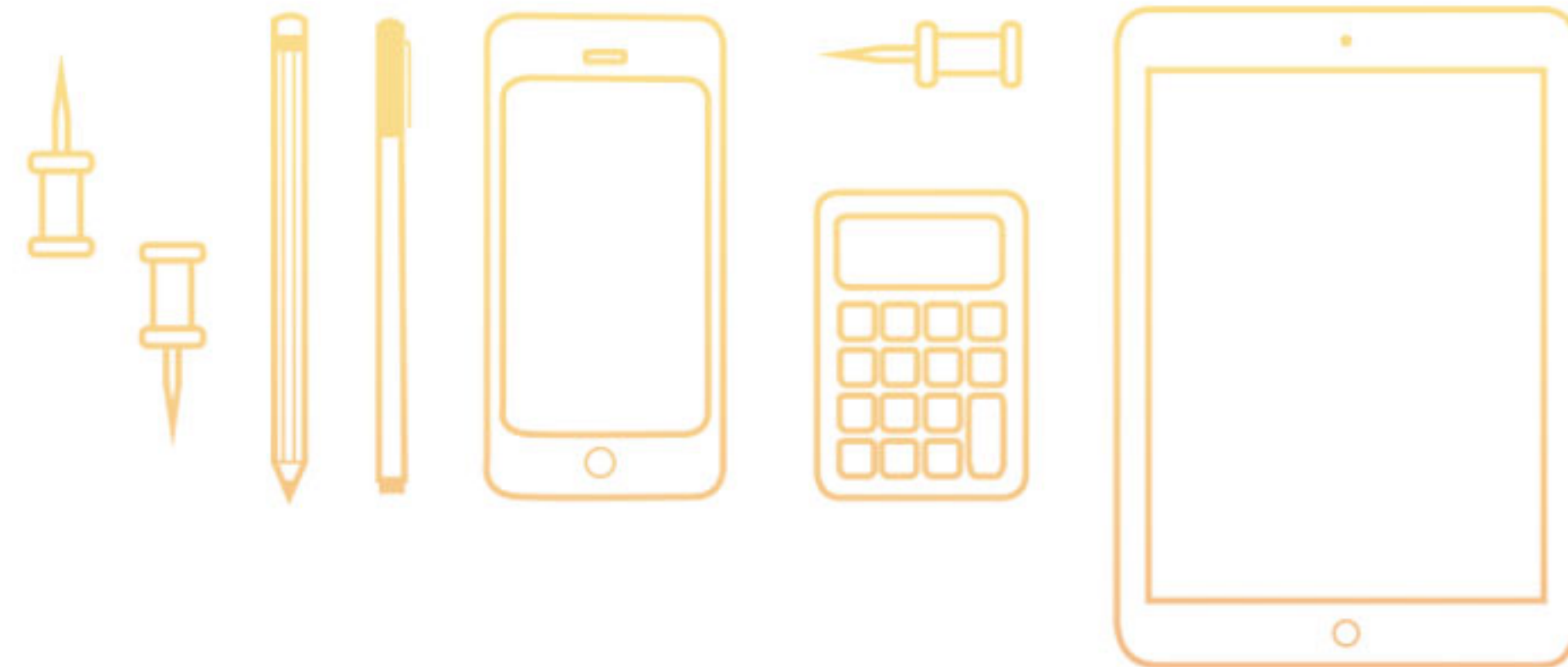




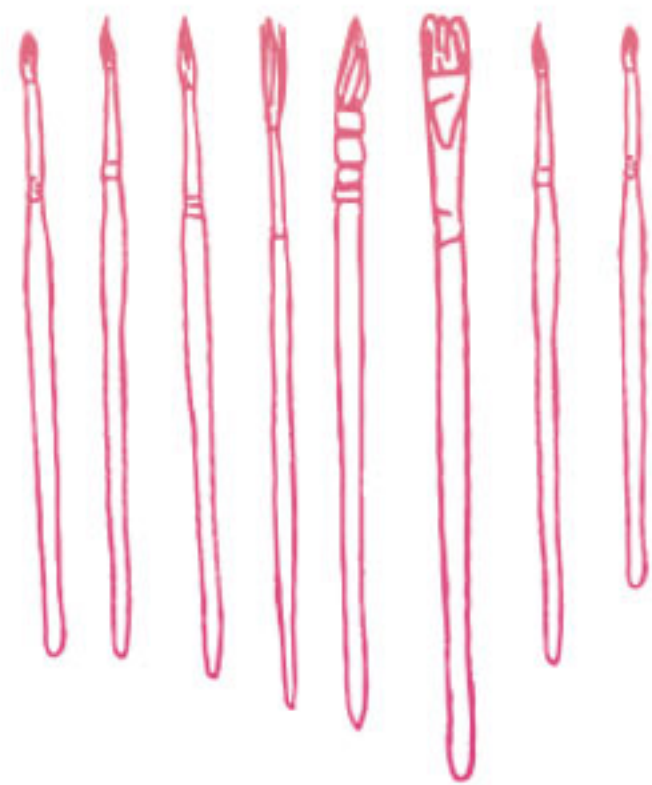
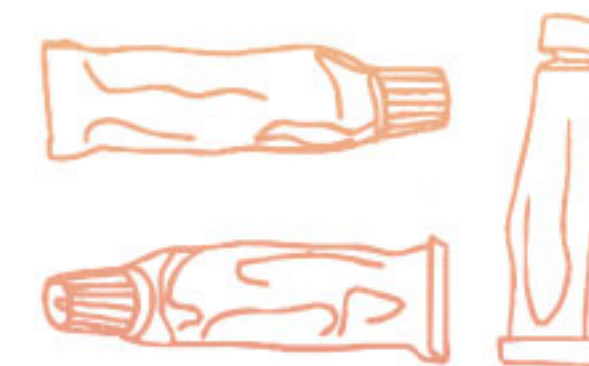
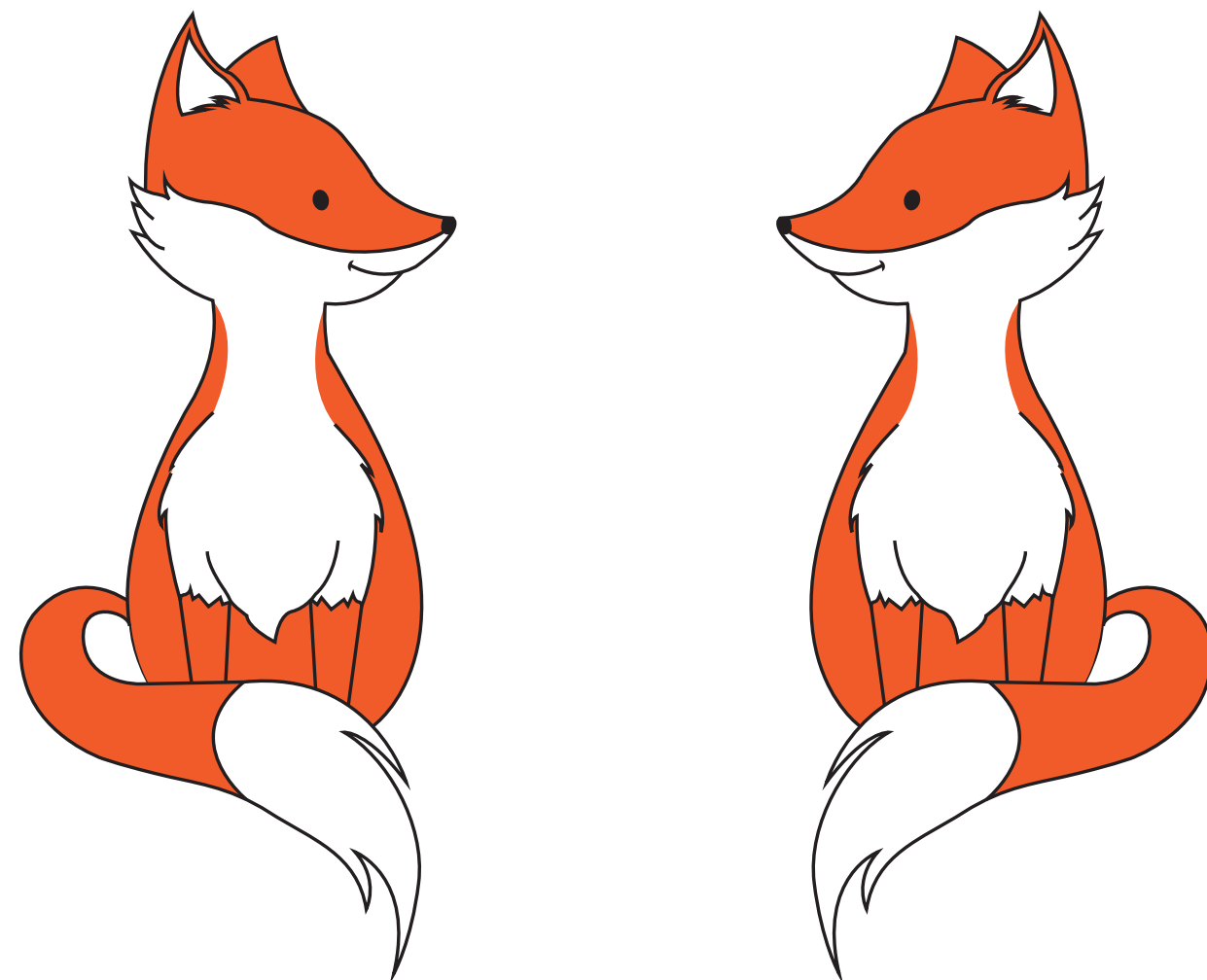
creating



learning



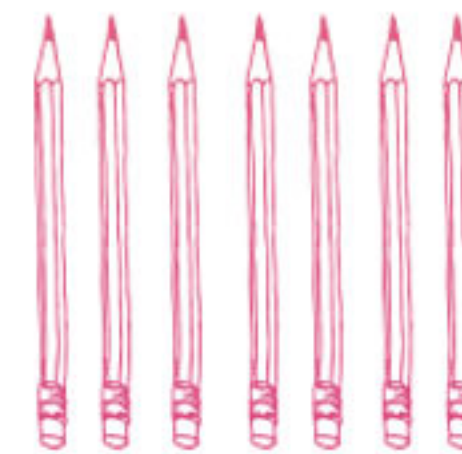
dreaming



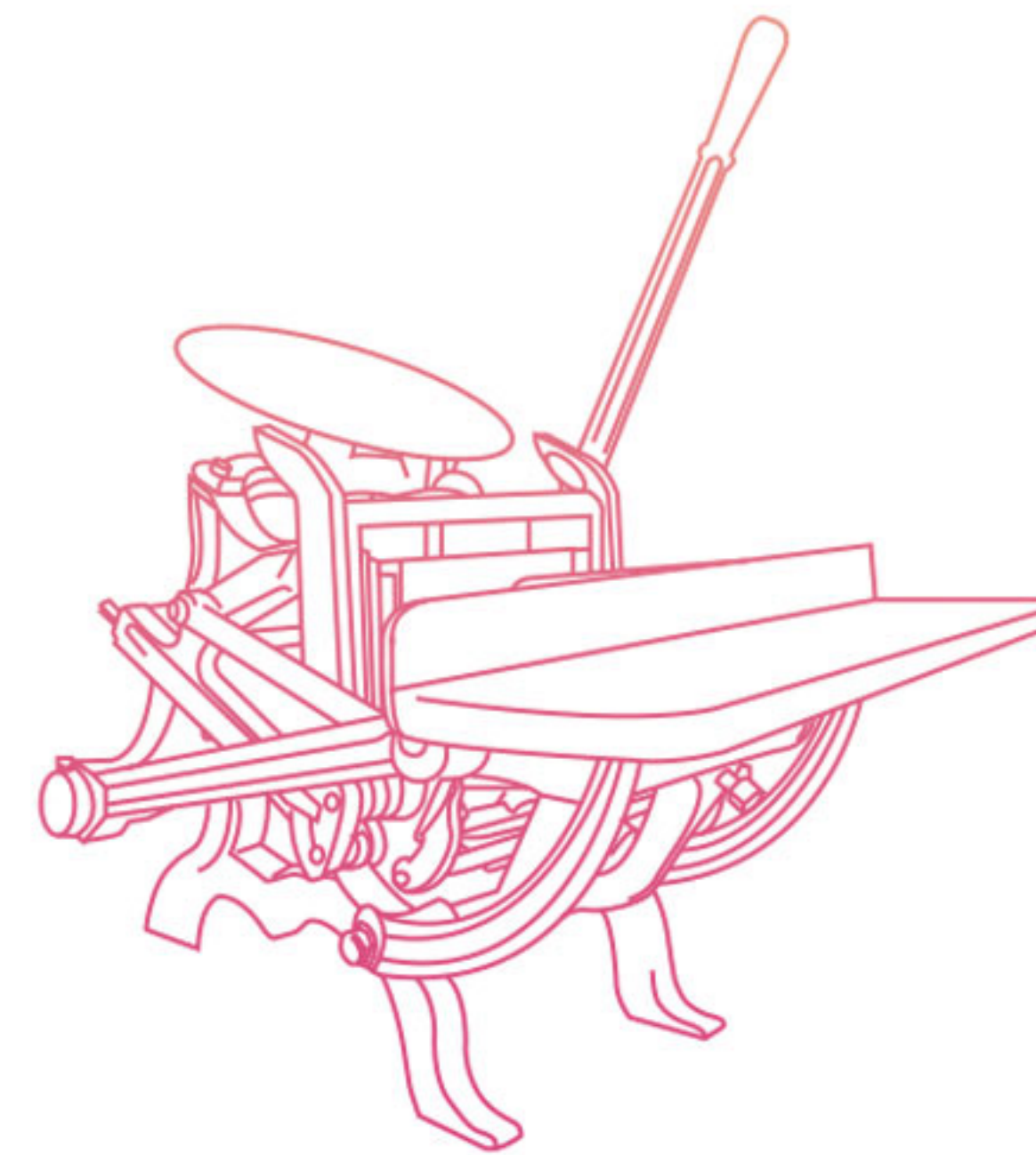
connecting

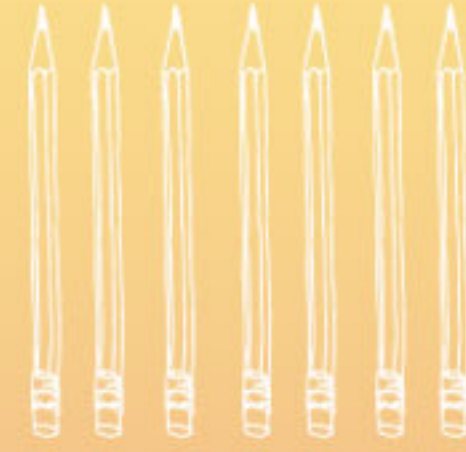


growing



I get by with a little help from my friends





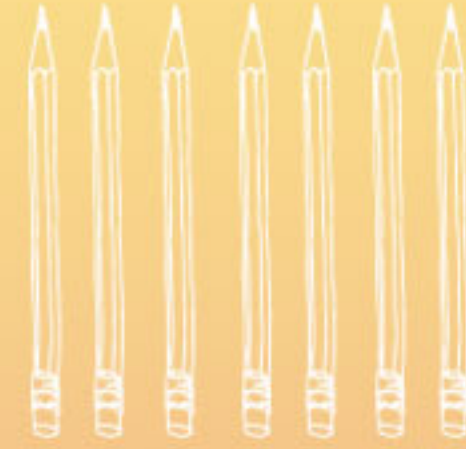
**MANY VOICES
ONE COMMUNITY**

Be prepared

If it can go wrong

IT WILL!!





**MANY VOICES
ONE COMMUNITY**

- Anticipate delays
- Order supplies as soon as possible
- Make a list to stay organized

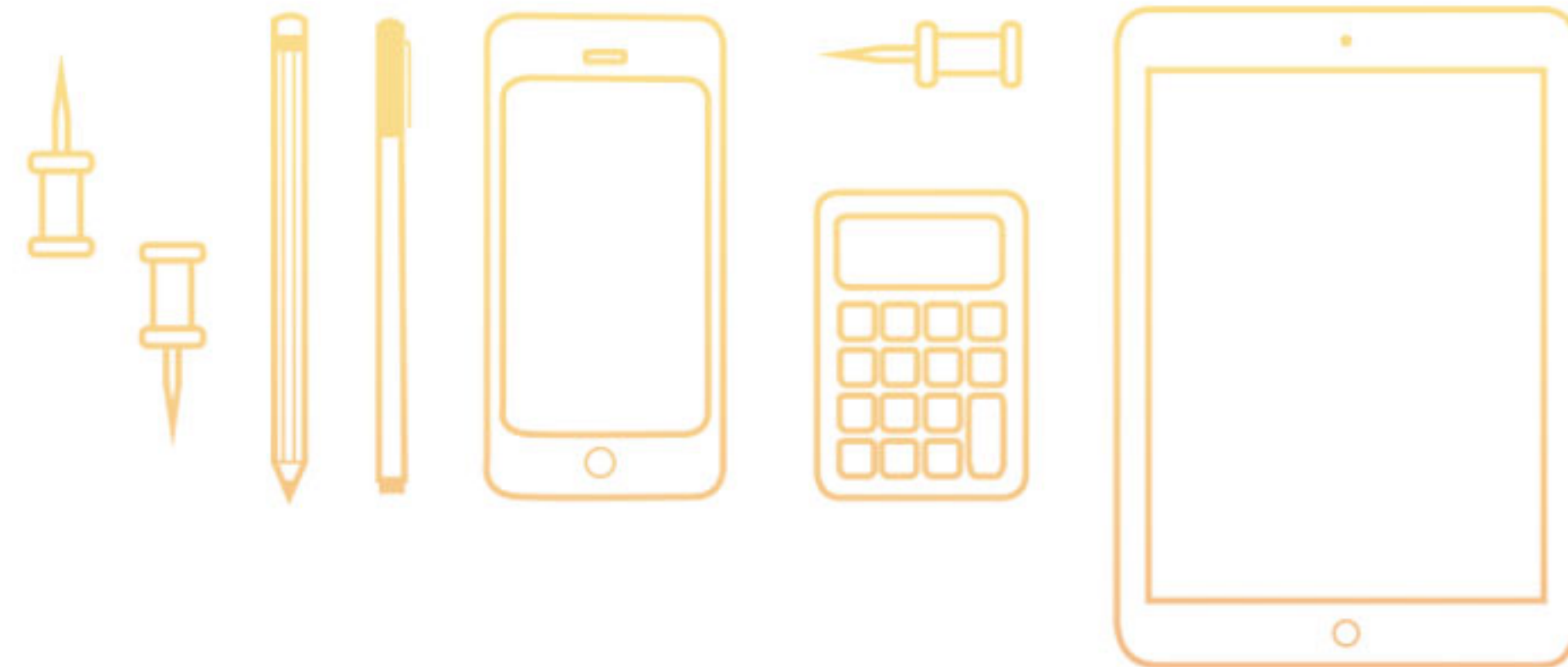




creating



learning



dreaming

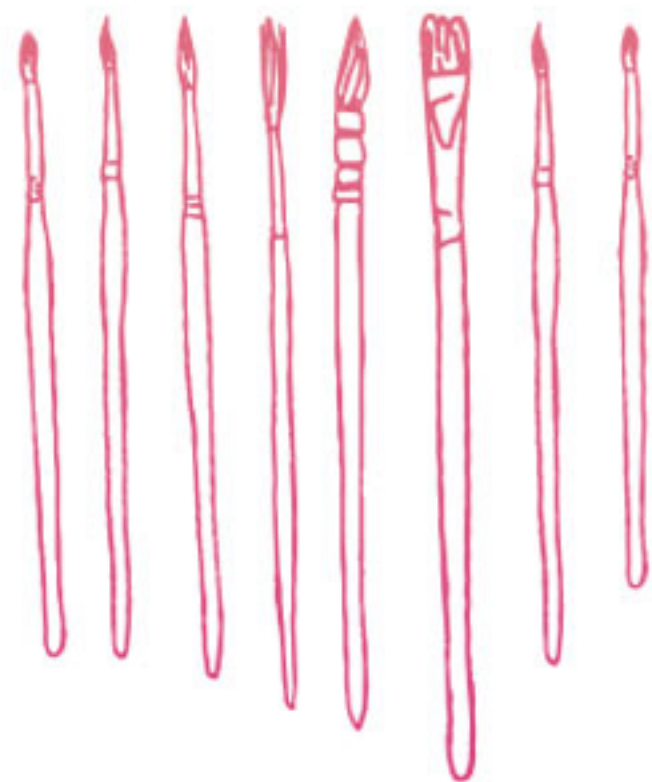
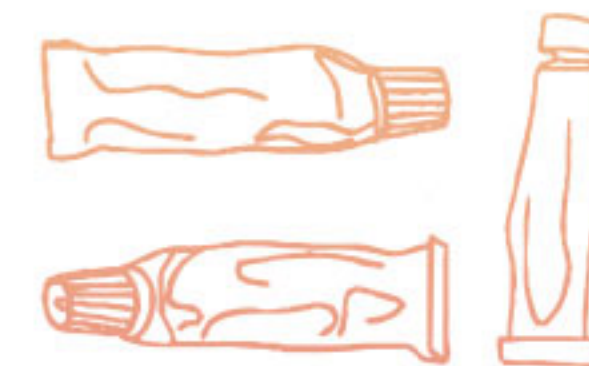


IOQ (incremental order quantity)

How do I get a pallet?

BOL (Bill of Lading)

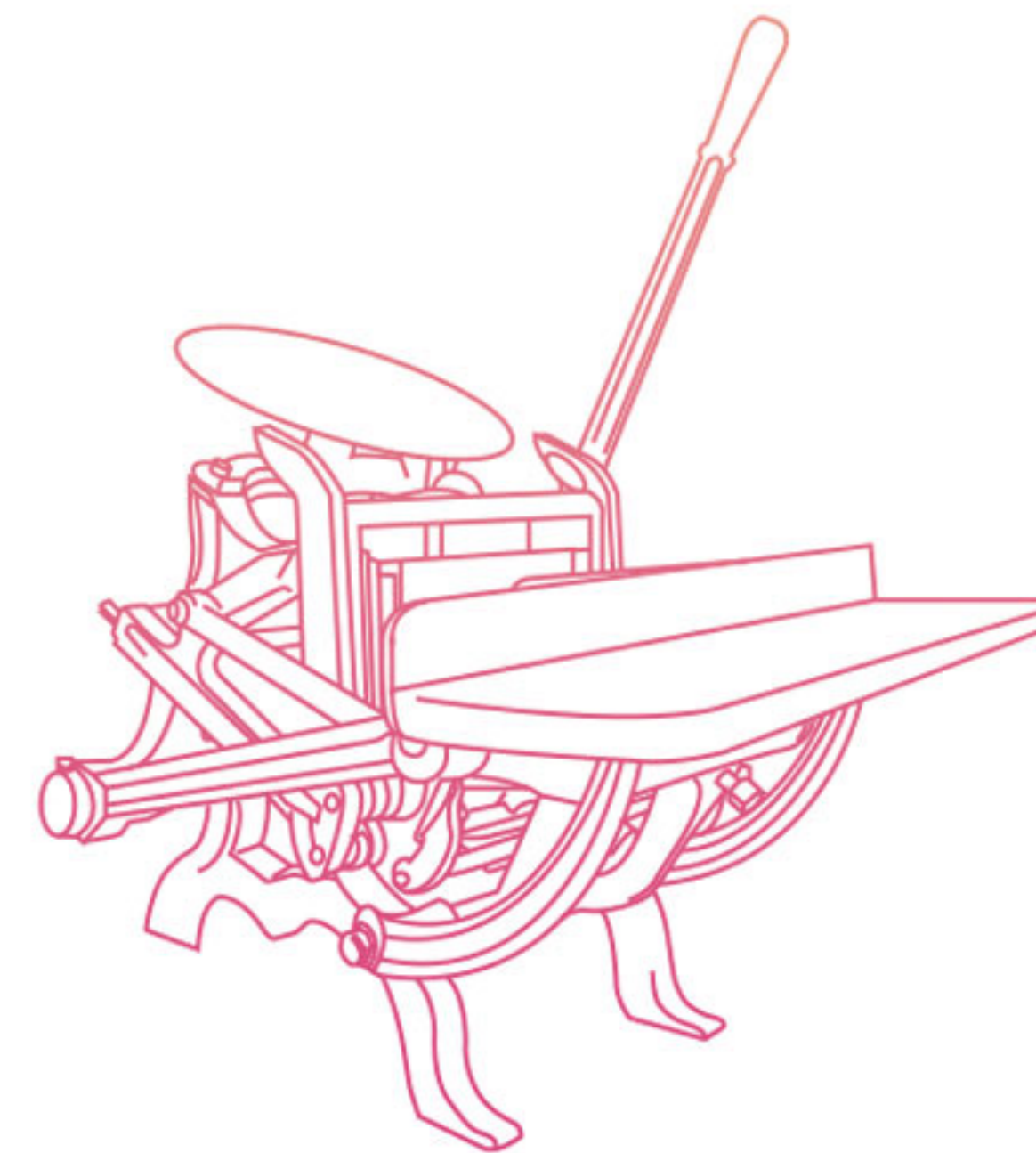
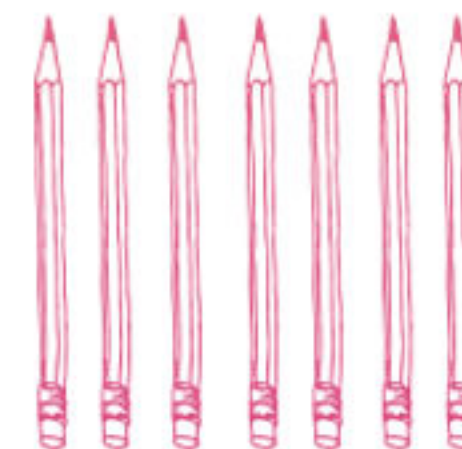
Pallet Header



connecting

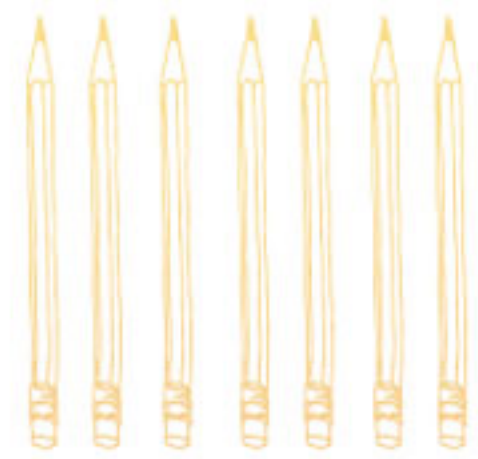


growing

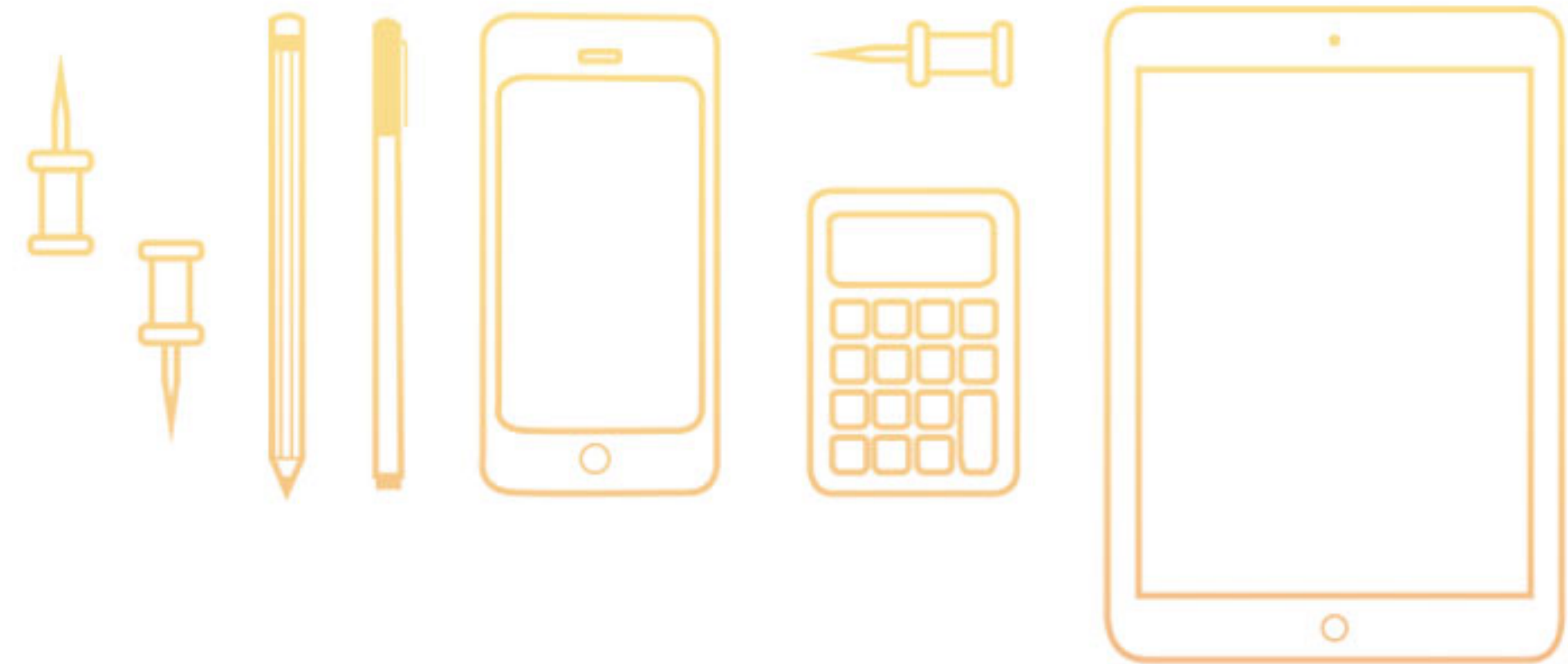




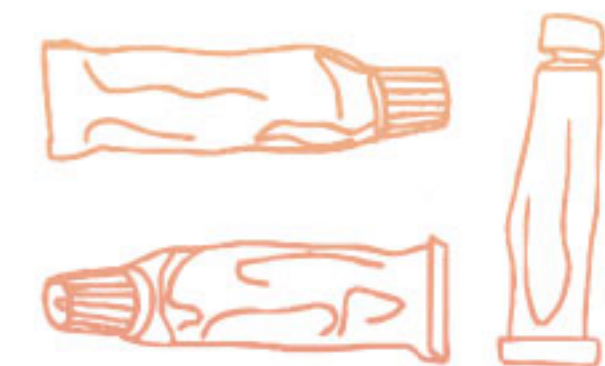
creating



learning

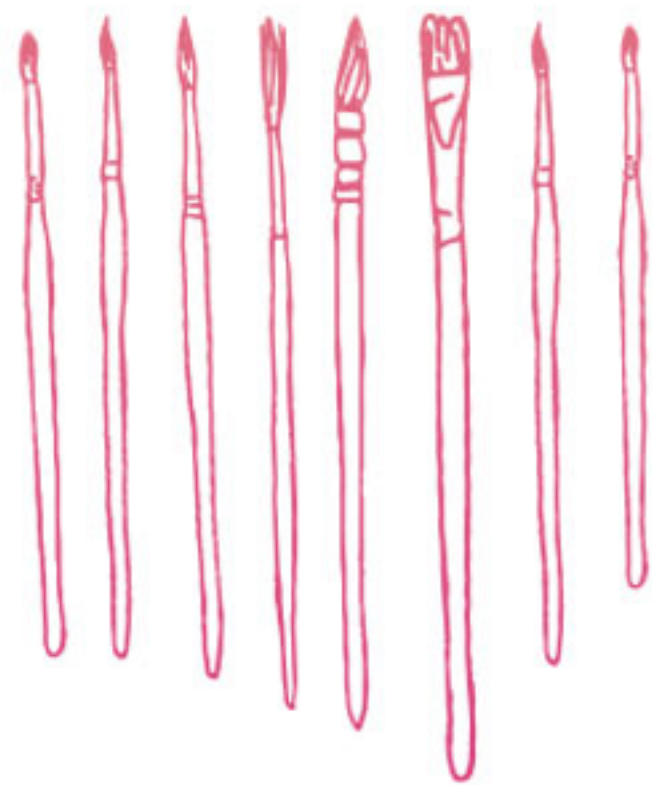


dreaming



Yep!

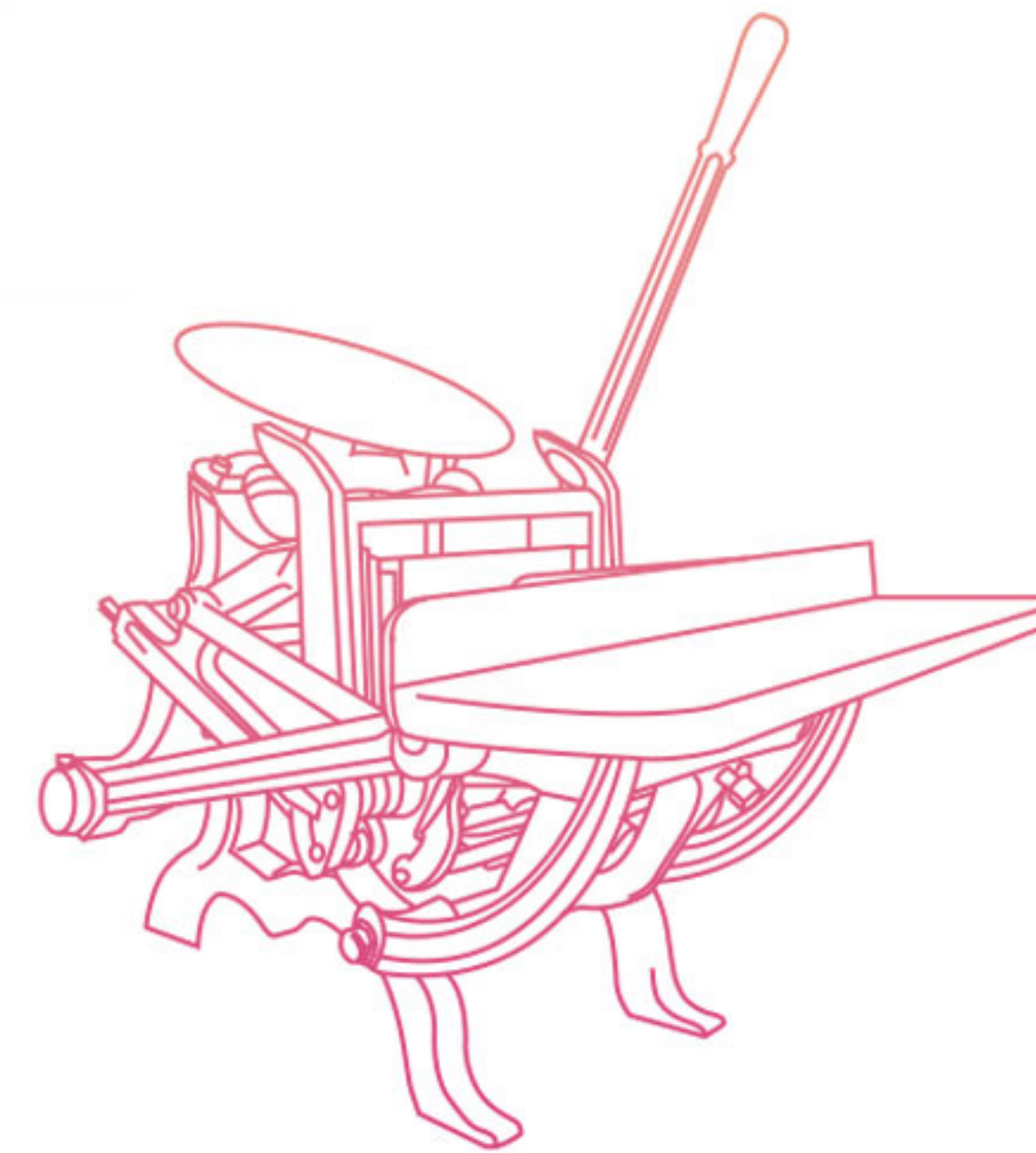
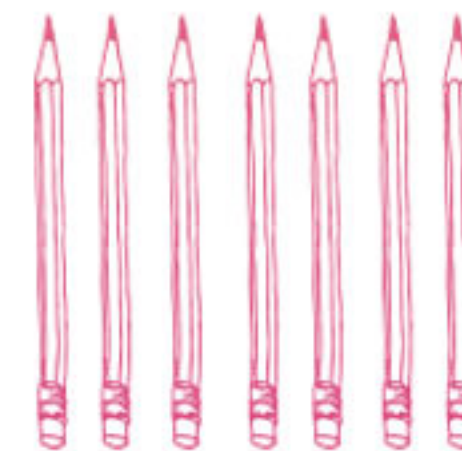
Nope!



connecting

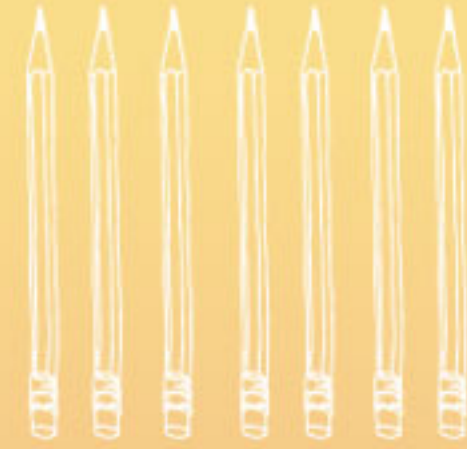


growing

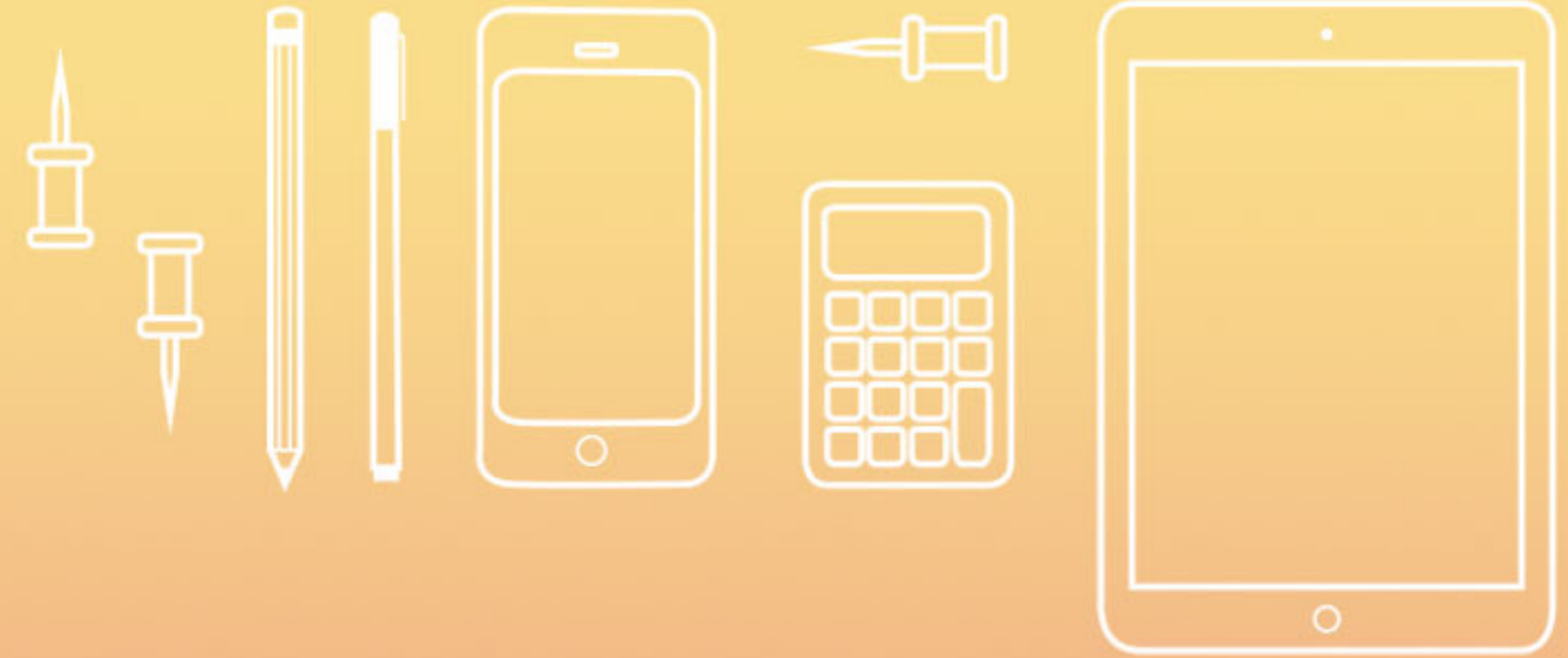




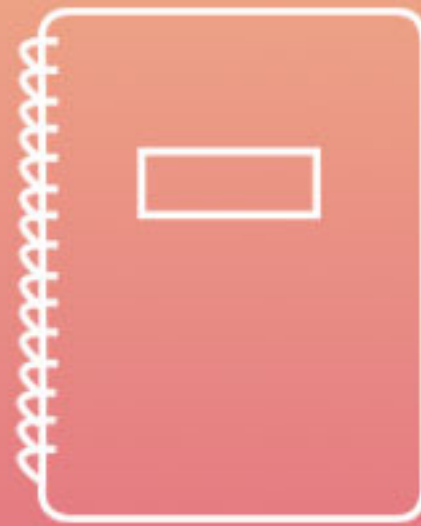
creating



learning



dreaming



BOL or Bill of Lading

Date: _____ **BILL OF LADING** Page 1 of _____

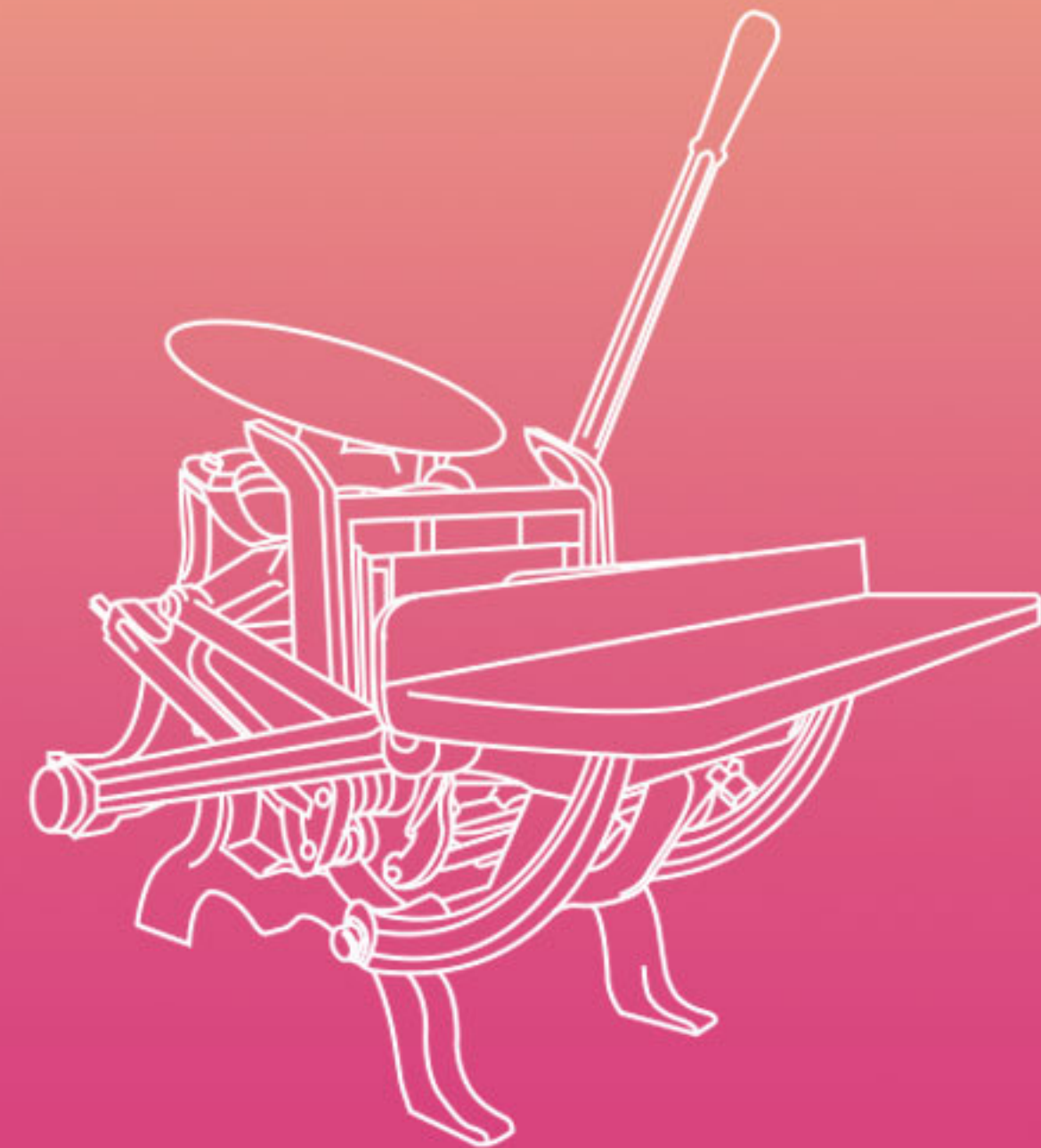
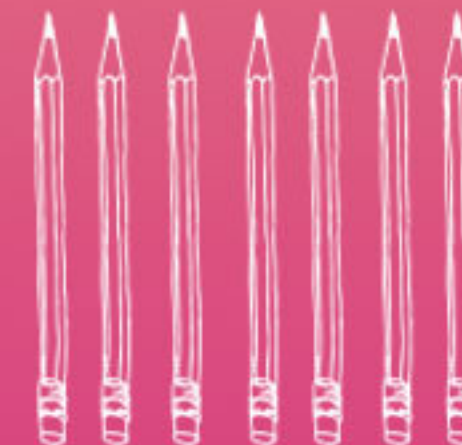
SHIP FROM		Name: _____		Bill of Lading Number: _____	
Address: _____		City/State/Zip: _____		BAR CODE SPACE	
SID#: _____		FOB: <input type="checkbox"/>			
SHIP TO		Name: _____		CARRIER NAME: _____	
Location #: _____		Address: _____		Trailer number: _____	
City/State/Zip: _____		CID#: _____		Seal number(s): _____	
FOB: <input type="checkbox"/>		Pro number: _____		SCAC: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		BAR CODE SPACE	
Address: _____		City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: _____		Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>	
		(check box)			
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL					
HANDLING UNIT			CARRIER INFORMATION		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
				COMMODITY DESCRIPTION	
				Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 210 of NMFC Item 300.	
				LTL ONLY	
				NMFC #	
				CLASS	
RECEIVING STAMP SPACE					
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.			COD Amount: \$ _____		
			Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/>		
			Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).					
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.			SHIPPER SIGNATURE		
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		

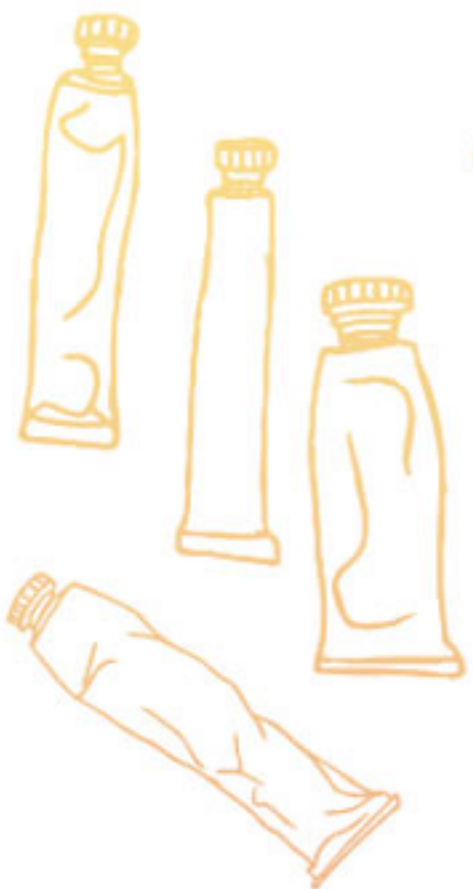


connecting

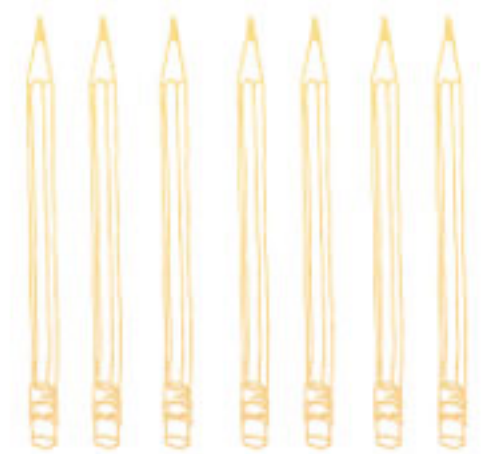


growing

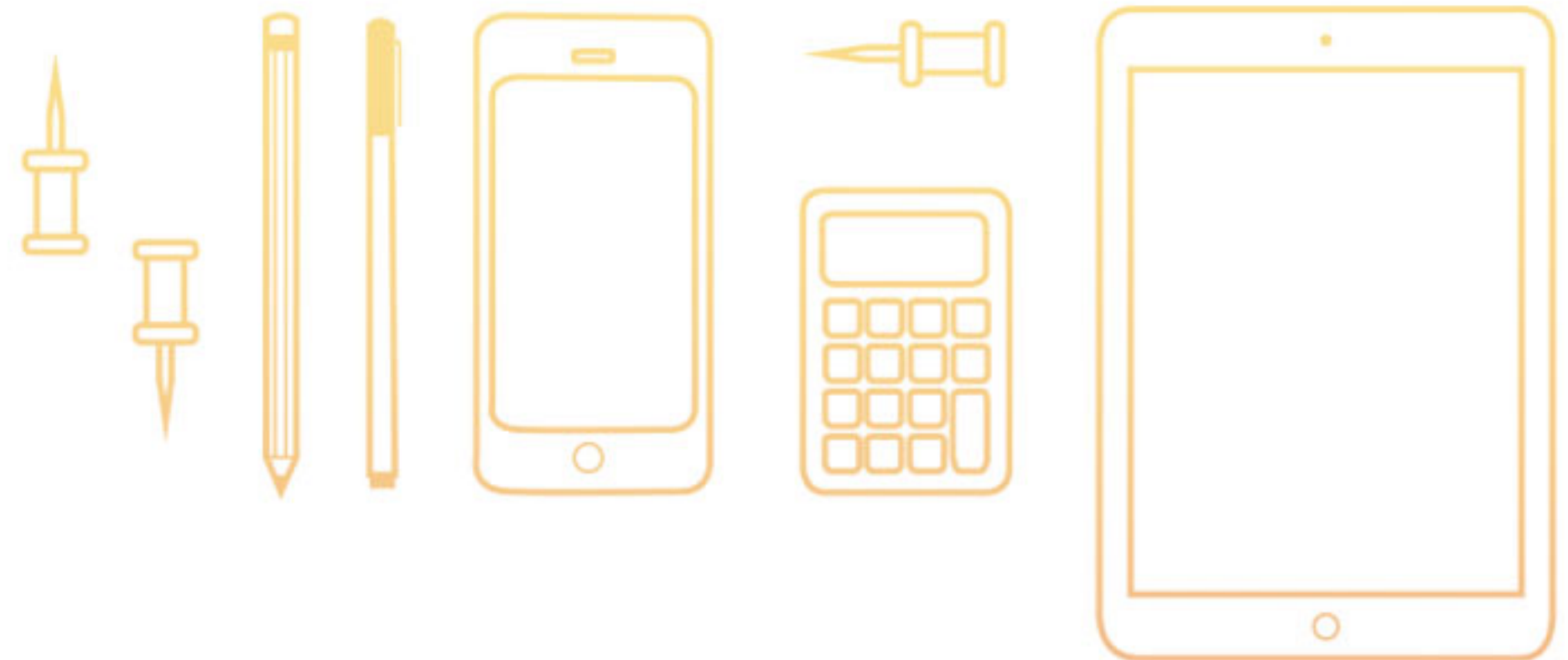




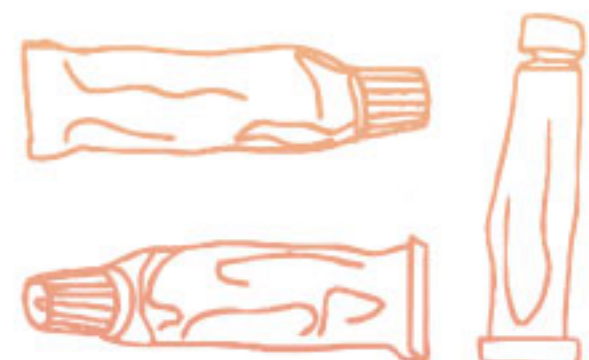
creating



learning

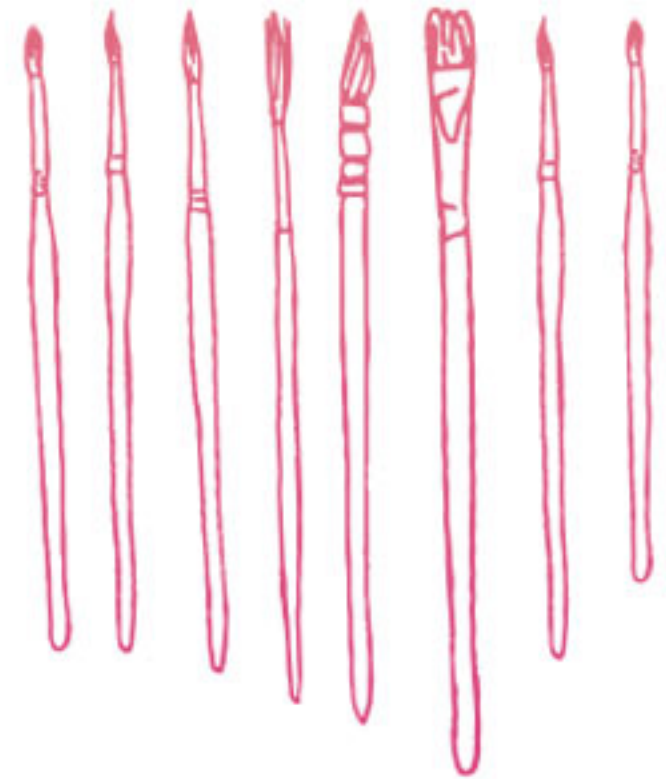


dreaming



PALLET HEADER					
Ship to:	Ship from:		Vendor Proprietary Data		
Bill of Lading	PRO Number	Date Shipped			
PALLET CONTENTS					
Purchase Order	Product ID	Item	Carton Count	Carton Qty	Total Units
Totals for Pallet:					
PALLET ___ OF ___					

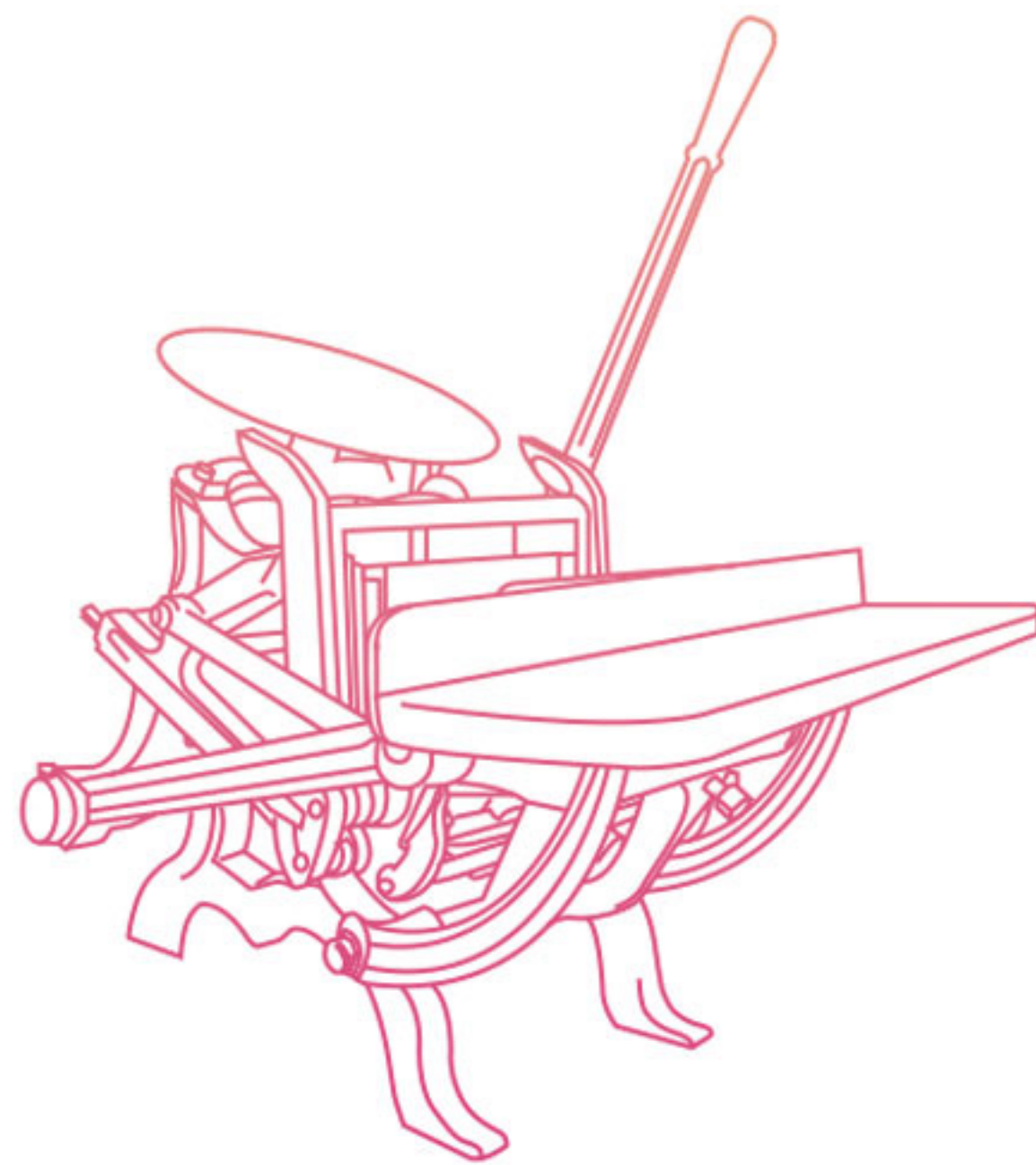
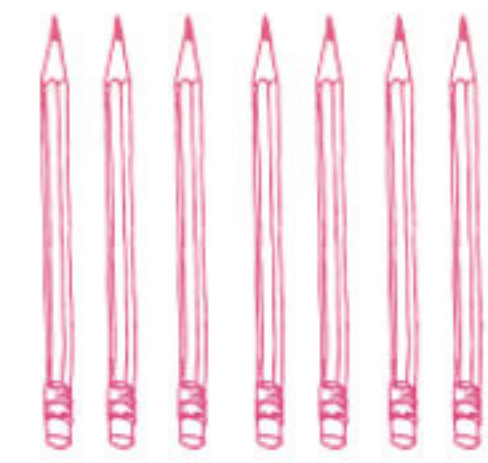
Pallet Header



connecting



growing

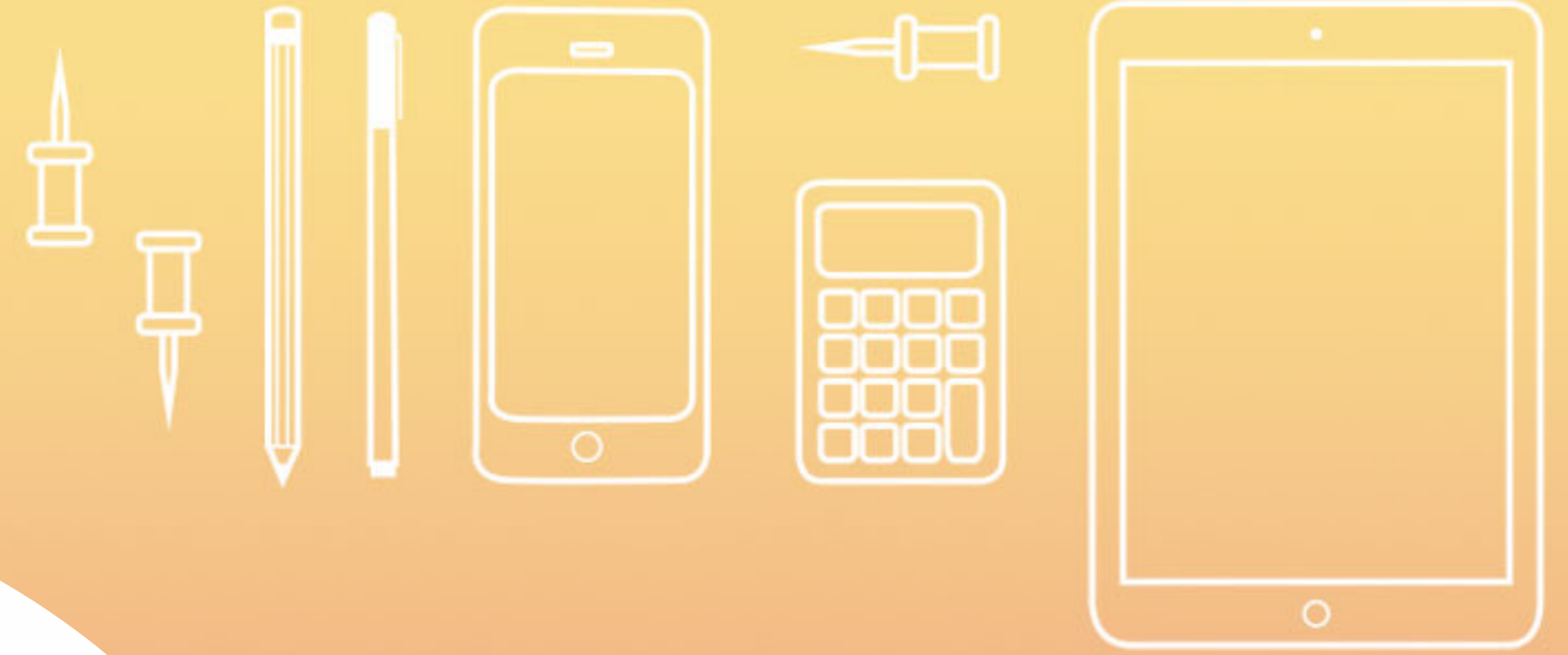




creating



learning



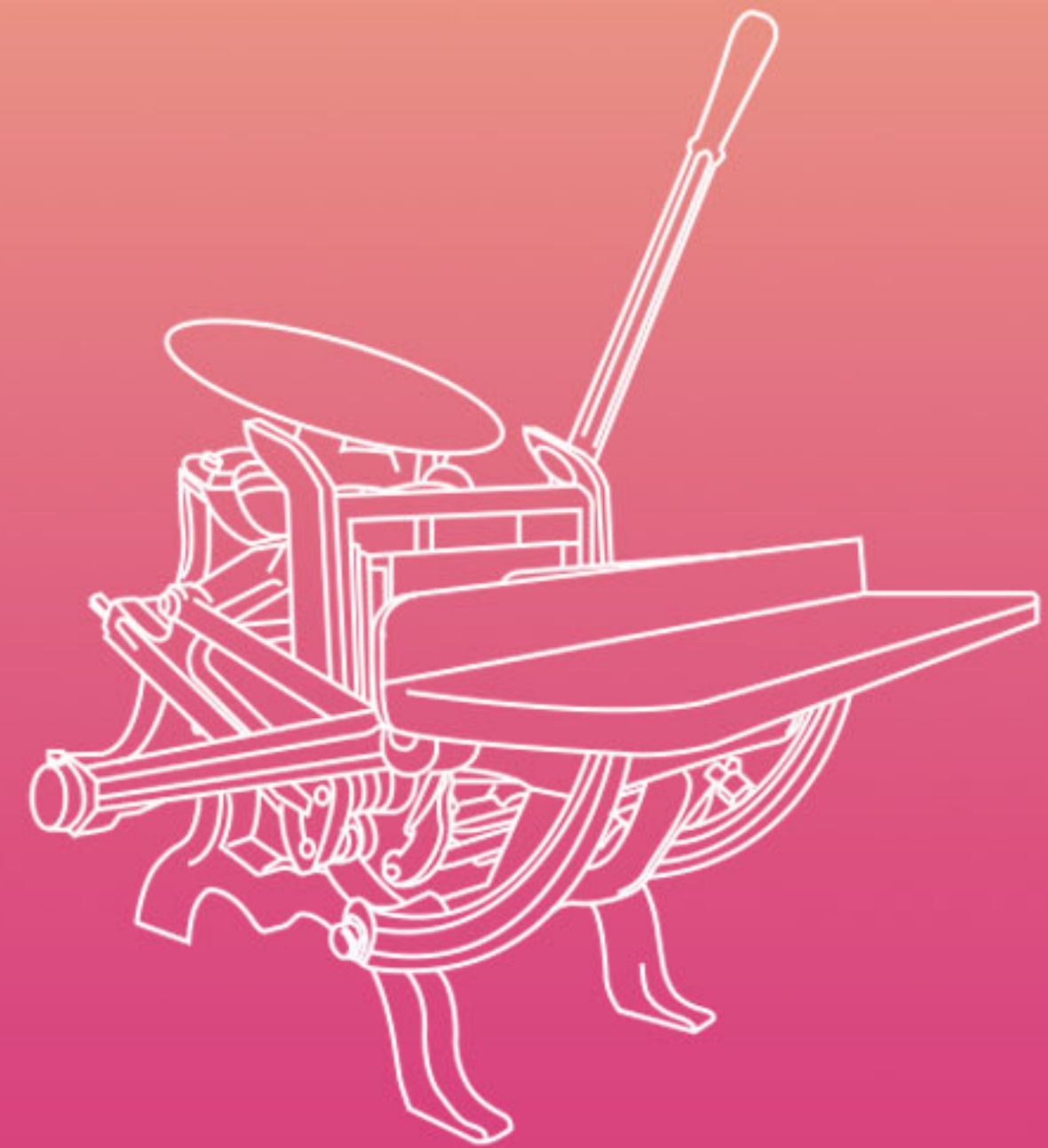
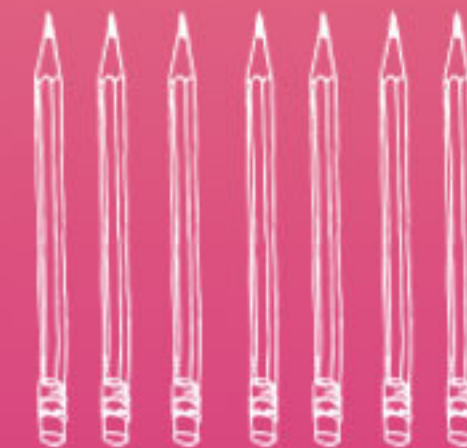
dreaming



connecting



growing





MANY VOICES
ONE COMMUNITY



Packing!!!

connecting

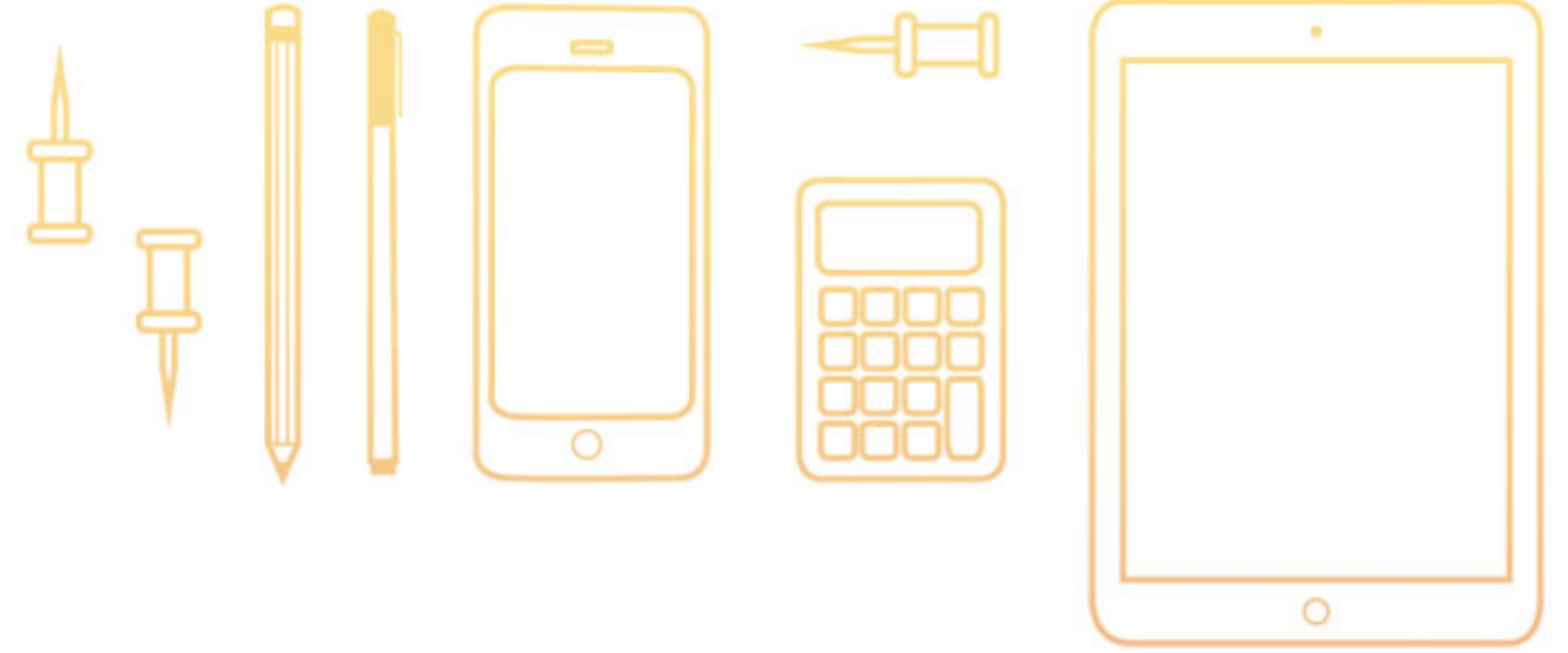




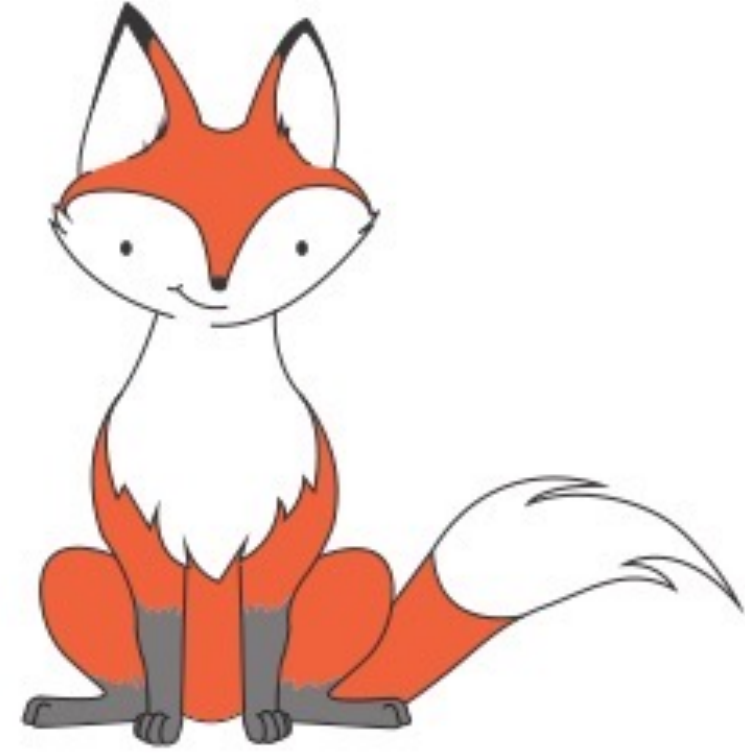
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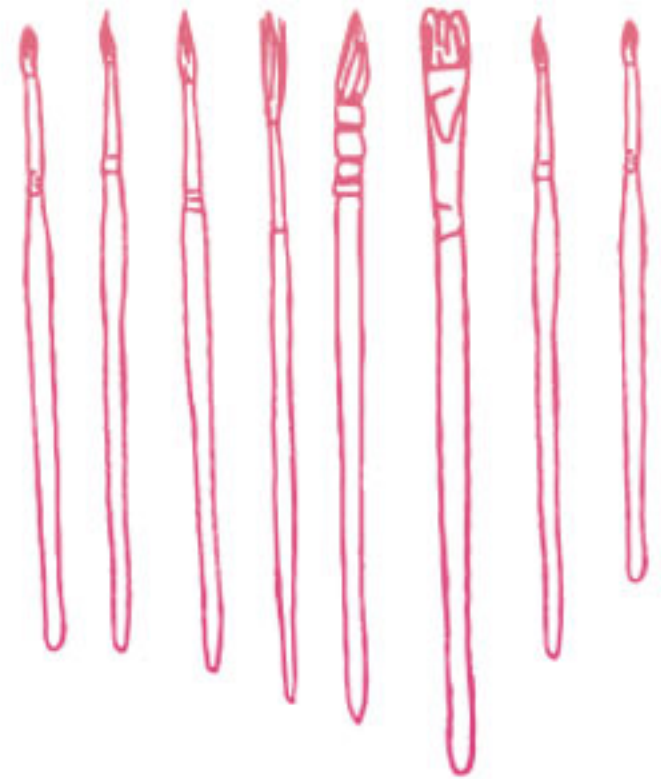
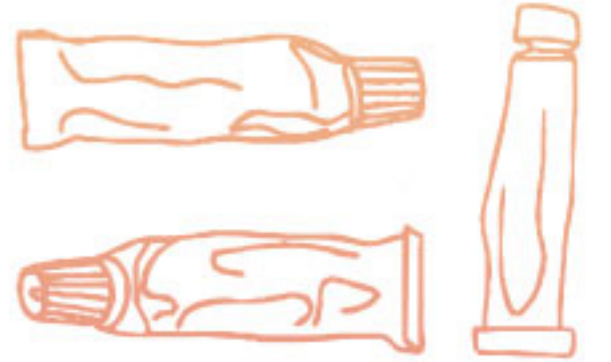
learning



dreaming



Thank you!



connecting



growing

