

UPeake Transport

Version: 2.0 - Effective Date: 03/11/2026

Client Intake Form

Transport • Logistics • Compliance

This form is intended to support the onboarding and operational setup process for new UPeake Transport clients. Please complete all applicable sections to assist with transportation coordination, communication standards, and service planning.

Client Information

Company / Organization Name: _____

Primary Contact Name: _____

Title / Position: _____

Phone Number: _____

Email Address: _____

Business Address: _____

City / State / Zip: _____

Operational Contact Information

Dispatch / Scheduling Contact: _____

Direct Phone Number: _____

After-Hours Contact (if applicable): _____

Additional Authorized Contacts: _____

Requested Transportation Services

- Scheduled Route Services
- On-Demand Courier Services
- STAT / Urgent Delivery Services
- Medical Courier Services
- Specimen Transport Services
- Legal Document Transport
- Confidential Document Transport
- Interoffice Delivery Services
- Specialized Transportation Support

Service Area & Scheduling

Primary Pickup Locations: _____

Primary Delivery Locations: _____

Preferred Pickup Window(s): _____

Delivery Frequency: _____

Special Scheduling Requirements: _____

Operational Requirements

- Chain-of-Custody Required
- Delivery Confirmation Required
- Signature Required Upon Delivery
- Temperature-Controlled Handling
- Secure / Confidential Handling
- Facility Access Restrictions

Additional Operational Instructions: _____

Billing Information

Accounts Payable Contact: _____

Billing Email Address: _____

Preferred Billing Method: _____

Purchase Order Requirements (if applicable): _____

Emergency & Incident Communication

Emergency Contact Name: _____

Emergency Contact Number: _____

Incident Escalation Instructions: _____

Acknowledgment

The undersigned acknowledges that the information provided within this intake form is accurate to the best of their knowledge and may be utilized by UPeake Transport for operational onboarding, service coordination, and transportation planning purposes.

Client Authorization

Authorized Representative

Signature: _____

Name: _____

Title: _____

Date: _____