

SHIPPING REQUEST

Is this a request for a price quote Yes No

Is this a request to do a shipment Yes No

DESTINATION

Proper street address: (bldg. number, street, county, city, state, zip code)

OPFAC: _____ POINT OF CONTACT: _____

PHONE #: _____ Receiving Hours: _____

Receiving Capabilities (do they have: receiving dock, forklift, etc.)

PICK-UP LOCATION

Proper Street address (bldg. number, street, county, city, state, zip code)

OPFAC: _____ POC: _____

PHONE #: _____ Business Hours: _____

Pick-up accessibilities (do they have a dock, forklift, etc.)

When will shipment be ready for pick-up: _____

Accounting Line for Shipment Cost

Example (2/8/501/132/45/0/FA/16900/2211) _____

ITEM(s) BEING SHIPPED: _____

Quantity (number of boxes/ pallets): _____

Weight and Dimensions (L x W x H) inches of each pallet: _____

Required Delivery date: _____

HAZMAT: Yes _____ No _____