



PICK UP REQUEST



Freight Payor Account # _____
 PO # _____
 Reference # _____
 Other _____

FREIGHT PAYOR

Name _____ Phone _____
 Address _____ Fax _____
 City _____ State/Prov _____ Email _____
 Postal/Zip _____ Contact _____

SHIPPER

Name _____
 Address _____
 City _____
 State/Prov: _____
 Postal/Zip _____
 Phone _____ Fax _____
 Email _____
 Contact _____

Pickup Date: _____
Pickup Time/Window _____
Shipper Hours of Operation _____

- | | |
|---------------------------|--------------------------------|
| No loading dock at origin | After hours or weekend pick-up |
| Residential pick-up | Driver assist/labour at origin |
| No forklift at origin | Inside pick-up |
| Appointment required | Excess/declared Value |
| Live Load | Spot/Drop for Loading |

CONSIGNEE

Name _____
 Address _____
 City _____
 State/Prov _____
 Postal/Zip _____
 Phone _____ Fax _____
 Email _____
 Contact _____

Delivery Date _____
Delivery Time/Window _____
Consignee Hours of Operation _____

- | | |
|-----------------------------------|-------------------------------------|
| No loading dock at destination | After hours or weekend delivery |
| Residential delivery | Driver assist/labour at destination |
| No forklift at destination | Inside delivery |
| Appointment required for delivery | Live Unload |
| Spot/Drop for unloading | |

SHIPMENT DETAILS

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Full Load | <input type="checkbox"/> Less than Truck Load | <input type="checkbox"/> Domestic Canada | <input type="checkbox"/> CrossBorder |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Straight Truck | <input type="checkbox"/> Flatdeck | <input type="checkbox"/> Curtainside |
| <input type="checkbox"/> Hazmat | | Intermodal | <input type="checkbox"/> 20' <input type="checkbox"/> 40' <input type="checkbox"/> 48' <input type="checkbox"/> 53' |
| | | <input type="checkbox"/> Heat Required | |

| No. Pieces | No. of Pallets | Weight | Description of Articles | Value |
|------------|----------------|--------|-------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL INSTRUCTIONS

CUSTOMS BROKER

Name _____ Phone _____
 Address _____ Fax _____
 City _____ State/Prov _____ Email _____
 Postal/Zip _____ Contact _____