



PICKUP REQUEST FORM

PICKUP DATE _____ READY TIME _____ SUBMITTED BY _____

HOURS: OPEN _____ CLOSE _____ LUNCH HOURS _____

SHIPPER		PICKUP LOCATION	
Shipper		Company Name	
Address		Address	
City		City	
State	Zip	State	Zip
Phone	Fax	Phone	Fax
CONSIGNEE		SPECIAL INSTRUCTIONS	
Company Name			
Address			
City			
State	Zip		
Phone	Fax		

TOTAL PCS #
CARTON/BLANKET WRAP

TOTAL PALLETS

TOTAL CUBES

TOTAL FEET

VALUE

WEIGHT

APPROX BLANKET NEEDED