

LTL Pickup Request Form

Pick up from: Company name: _____

Address: _____

City and Province: _____

Contact Name & Phone #: _____

Release # (if applicable): _____

Please state: Product temperature (fresh or frozen): _____

Skid count (how many spots it will take up on the trailer): _____

Weight LBS ____ or KGS _____

Pick up date/time: _____

Ready Time _____

Deliver to: Company name: _____

Address: _____

City / Prov: _____

Phone #: _____

Contact name: _____

P.O. #: _____

Due date/expected arrival date: _____

Bill freight charges to: Name of company responsible for freight charges:

We require notification of intent to ship no later than 2:00 pm on the day of shipping.