

Customer to be charged:

Telephone:

Pick Up Date:

Contact Name:

Email:

Pick-up Details

(Please state if bringing to dpt) (Address, Phone, Contact, etc.)

#	Delivery Details Full Address Details	Invoice/ Ref No	No. of Pallets	Pallet Spaces	Weight	Temp. Req'd	Ref / Order Number	Delivery Date	Time Slot
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Special Request / Comments: _____