CTE Delivery Appointment Request

Fax to (323) 357-1724

Date_____ Pages _____

Company _____ From (your name) _____

Fax#_____ Phone number# _____

Total Cartons_____ Total Weight _____ Ready Date and Time_____

DISPATCH NUMBER AND COMMENTS : _____

_____

Destination\Customer	PO Number	Cartons	Weight

CTE Delivery Appointment Request

Date_____ Page _____

Company _____

Destination	PO Number	Cartons	Weight