

Visit our web site for copies of this form and to learn our pick up procedures

CTE Pickup Request

Date _____

Pages _____

Company _____ From (your name) _____

Fax# _____ Phone number# _____ E-mail address _____

Address: _____

Total Cartons _____ Total Weight _____ Total Cubic Feet _____

Ready Date and Time _____

Size of biggest box in inches: (Length x Width x Height) _____

PLEASE TOTAL THE CARTONS, WEIGHT, AND CUBIC FEET FOR EACH SHIPMENT.

DISPATCH NUMBER AND COMMENTS : _____

Destination\Customer	PO Number	Cartons	Weight	Cubic Feet

