



Customer Name: _____ Contract Number: _____

Pack Date: _____ Load Date: _____ Delivery Date: _____

Weight: _____ Cubes: _____ Items: _____

Dishpacks: _____ Mirror Cartons: _____ Total Cartons: _____

Customer Expectations

(Circle One)

Method of Payment: Credit Card Invoice C.O.D. Unsure Date: _____

Initial Here

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____