



CLIENT LOGISTIC CARD

Company Name _____ **Sales Representative** _____
Branch _____

PLEASE ENTER EMAIL ADDRESS TO SEND DOCUMENTS

FOR THE INVOICE: _____ INVOICE CONTACT _____
 FOR THE ORDER CONFIRMATION: _____
 FOR THE PACKING SLIP: _____

IMPORTANT SHIPPING INFORMATION
****The section below must be filled out to avoid adding additional fees to your account****

Shipping Address (#1) _____ **Shipping Address (#2)** _____ **Shipping Address (#3)** _____
 Street: _____
 City, Province: _____
 Postal Code: _____
 Telephone: _____

<u>Business Days</u>	<u>Delivery Time</u>	<u>Shipping Address #</u>
Check the days available for delivery		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

<u>Unloading Equipment</u>	<u>YES</u>	<u>NO</u>	<u>Shipping Address #</u>
Do you have the equipment below			
Fork Lift			
Pallet Truck			
Tailgate			
Unloading Dock			
Is it accessible with a 53-foot truck?			
Can we deliver with a small truck?			
Do we need to book an appointment?			
** If so, additional delays of 24-48 hours **			