



**HIGH VALUE PRODUCTS / GENERAL FORM**

\* Load Site: \_\_\_\_\_

\* Load Address: \_\_\_\_\_

\* City, State, Zip: \_\_\_\_\_

\* Contact & Phone #: \_\_\_\_\_

Dock Load:  Y / N       Lift Gate Load:  Y / N       # Extra Men Req. \_\_\_\_\_

Inside Pickup:  Y / N       Accessible to Tractor Trailer:  Y / N

\* Destination Site: \_\_\_\_\_

\* Dest. Address: \_\_\_\_\_

\* City, State, Zip: \_\_\_\_\_

\* Contact & Phone #: \_\_\_\_\_

Dock Delivery:  Y / N       Lift Gate Delivery:  Y / N       # Extra Men Req. \_\_\_\_\_

Inside Delivery:  Y / N       Accessible to Tractor Trailer:  Y / N

Required Load Date:     /    /          Time:            

Required Delivery Date:     /    /          Time:            

Crated Items:                   Blanket Wrap Items:                   # Pads Required:            

Reference or PO #:                   Authorized By:            

Number of Pieces:                   Weight:            

_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x

_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x
_____	Pcs	x	x

\* Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Indicates a Required Field