



REQUEST TO SHIP

MUST BE COMPLETED AND SENT WITH GOODS TO SHIPPING/RECEIVING DEPARTMENT

PLEASE PRINT

Date: _____ Ship Via: _____

Ship to: _____ 1. Freight Charges (Prepaid if not specified)
Prepaid or Collect

_____ 2. If Prepaid, Charge Freight to Code: _____

_____ 3. Purolator Options (Tick one box only)

Phone: _____ A. Ground

_____ B. Air

U S Federal Identification # _____ C. 9:00 delivery (Extra Charge)

_____ D. 10:30 delivery (Extra Charge)

RMA # _____ Goods to arrive at destination by: _____

QUANTITY	DESCRIPTION	\$ VALUE PER ITEM	EXTENDED TOTAL	
			CDN \$	US \$

Reason for Shipment: _____

Consignee to Issue Credit Yes No Goods Orig Rec-d on P.O.# _____

Consignee to Replace No Charge Yes No Goods Orig Rec-d on P.O.# _____

Consignee to Repair - Under Warranty Yes No Goods Orig Rec-d on P.O.# _____

Consignee to Repair - Not Under Warranty Yes No New P.O.# _____

Signature: _____ Phone: _____

Department: _____

FOR SHIPPING/RECEIVING USE ONLY:

U S SHIPMENTS: CONTACT COLE INTERNATIONAL

Number of Cartons: _____ Carrier: _____

Parcel Measurements: _____ B/L #: _____

Weight: _____ Date Shipped: _____

Total Insured Value: _____ Pick Up Time: _____

Initial: _____ PC Code: **Shipping #** _____