

WAYBILL REQUEST FORM

Please fill in all fields

Any Field that is Red is Required

Name/Company:

Department:

Attention To:

Street

Floor #

Suite #

Address 2

Address 3

Province/State

City

Country

Postal/ZIP Code

Phone #

Extension

Speed Code

3rd Party Acct#

Description (if more than one item, please specify how many):

Number of Packages:

TOTAL Weight of all packages (kgs):

(for documents, put EXD)

Declared Value:

(for documents, put NCV)

9AM

10:30AM

Saturday

Name of Requestor:

Email address: