

PICK UP REQUEST

To:  4 WAY LOGISTICS INCORPORATED
Fax: 877-329-4929

Attn: _____ Date: _____
Tel: 800-282-4990

From: Client: _____ Contact: _____

Phone: _____ Fax: _____

Please arrange to pick up the following shipment per your quote # _____ .

Our Ref. #: _____ Amount Quoted: \$ _____

Pick Up 1: _____

Deliver To 1: _____

Address: _____
City _____
State, Zip: _____
Contact/
Phone: _____

Address: _____
City _____
State, Zip: _____
Contact/
Phone: _____

Fax: _____

Fax: _____

P/U Date: _____ **Ready:** _____ **Close:** _____

Deliver On: _____ **Hours:** _____

Pcs: _____ Wt: _____ Commodity: _____ Item#/Class: _____

Pick Up 2: _____

Deliver To 2: _____

Address: _____
City _____
State, Zip: _____
Contact/
Phone: _____

Address: _____
City _____
State, Zip: _____
Contact/
Phone: _____

Fax: _____

Fax: _____

P/U Date: _____ **Ready:** _____ **Close:** _____

Deliver On: _____ **Hours:** _____

Pcs: _____ Wt: _____ Commodity: _____ Item#/Class: _____

Type of Equip. Required: _____ Value: \$ _____

Special Instructions: _____

Thank you for this shipment. We have received this pick up request and processing order for pick up. By: _____ Date: _____