

BILL OF LADING



C A N A D A • U S A • G R O U N D • S E A • A I R • W A R E H O U S I N G

Logistics Decisions Inc. 20031-2211 Brant Street, Burlington ON L7P 0A4

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Date: _____ Shipper's PICKUP NUMBER _____ PO#/ Reference# _____

Pickup location: Company Name _____ Address _____ Unit _____ City _____ Postal/Zip Code _____ Contact Name/Phone _____ Customs Broker _____ Phone # _____ Dock is truck height ___ or Ground ___ Date/time ready for pickup _____ Close time _____	Special Instructions: _____ _____ _____ _____
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Destination: Company Name _____ Address _____ Unit _____ City _____ Postal Code _____ Contact Name/Phone _____ Service Levels AIR _____ EXPEDITED _____ REGULAR _____ SAME DAY _____ Dock is truck height ___ or Ground ___ Delivery Date req'd: _____ Close time _____	Special Instructions: _____ _____ _____ _____
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Billing Customer info: Company Name _____ Address _____ Unit _____ City _____ Postal Code _____ Contact Name/Phone: _____ email _____
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Product Description: _____ Type of Truck Req'd _____

FULL TRUCK_Y_N__ OR LTL #FEET _____ or fill out shipment weights and dims info below:

Number of units _____ L _____ x W _____ x H _____ Weight _____ lbs.
 Number of units _____ L _____ x W _____ x H _____ Weight _____ lbs.
 Number of units _____ L _____ x W _____ x H _____ Weight _____ lbs.

Total Pieces: _____ **Total Weight:** _____ lbs.

Describe the packaging : _____ Shipment Addition Value required \$ _____ insured# _____

EMAIL YOUR PICK UP REQUEST TO: shipping@logisticsdecisions.ca