



Pick Up Order Request Form

Bill To address:

Company _____ Contact _____
Street address _____
City _____ Province (or State) _____
Postal Code (or zip code) _____

Ship To address:

Company _____ Contact _____
Street address _____
City _____ Province (or State) _____
Postal Code (or zip code) _____ CHECK HERE IF: same as Bill To []

Consignee address:

Company _____ Contact _____
Street address _____
City _____ Province (or State) _____
Postal Code (or zip code) _____ CHECK HERE IF: same as Bill To []

Bill of Lading / Tracking Number: _____ Pieces: _____ Weight: _____

Deck Space Required _____ Length: _____ Width: _____ Height: _____

Description: _____

Requested Pick-up Date (mm/dd/yy): _____ Requested Del. Date (mm/dd/yy): _____

Special instructions:

Amount: \$ _____ CHECK HERE IF: Canadian dollars [] or U.S. dollars []

Customer Signature: _____ Date: _____

Wildwood Office use:

W-Number: _____ Trailer number: _____ Unit number: _____

Wildwood Transport Inc.