

**SHIPMENT CONTROL FORM – USA Domestic Shipments Only**

Supplier Name: \_\_\_\_\_ Contacts Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
 Pickup Address & Phone # if Different from Above: \_\_\_\_\_

Shipping Hours:	0 Floor Load	0 Supplier Load	0 Driver Load
Ready to Ship Date:	0 Pallets	0 Driver Count	0 Stackable Pallets
In-House/Due Date:	0 Temperature Sensitive	0 24 Hr. Notice	0 Appointment Only

Purchase Order #	Package Label #	Description	Cartons	Weight (Lbs)	Pallets/ Cube	Freight Class
<b>TOTALS</b>						

*The Top Section To Be Completed by Supplier / Shipper*

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*The Bottom Section To Be Completed by the Colony Brands Transportation Department*

Carrier: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pickup Date / Time: \_\_\_\_\_  
 (If Applicable)

Please Call Carrier For Pickup       Colony Brands has already contacted carrier

**\*\*Please Attach Copies of the Packing List to the Freight and to the Carrier’s Bill of Lading\*\***

**Please Fax or Email Form To  
 Colony Brands Transportation Department  
 Fax Number: 608-328-8846 or Email: [traffic@colonybrands.com](mailto:traffic@colonybrands.com)**

For a downloadable copy, please visit -- <a href="http://www.colonybrands.com/supplier-manual-nonfood">http://www.colonybrands.com/supplier-manual-nonfood</a>
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