

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:	8 Floor Load	8 Supplier Load	8 Driver Load
Ready to Ship Date:	8 Pallets	8 Driver Count	8 Driver Assist
In-House/Due Date:	8 Pallet Exchange	8 24 Hr. Notice	8 Appointment Only
Temperature Restrictions	8 Cooler 35-38 Degrees	8 Freezer 0 Degrees	8 Other

Purchase Order #	SC #	Description	Cartons	Weight (Lbs)	Pallets/ Cube	Freight Class
TOTALS						

The Top Section To Be Completed by Supplier / Shipper

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
 The Colony Brands Transportation Department
 Fax Number: 608-328-8846 or Email: traffic@colonybrands.com**

For a downloadable, please visit -- <http://www.colonybrands.com/colony-brands-vendors/>