



NON-FOOD DIVISION 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:	<input type="checkbox"/> Floor Load	<input type="checkbox"/> Supplier Load	<input type="checkbox"/> Drive Load
Ready to Ship Date:	<input type="checkbox"/> Pallets	<input type="checkbox"/> Driver Count	<input type="checkbox"/> Pallet Exchange
In-House/Due Date:	<input type="checkbox"/> Temperature Sensitive	<input type="checkbox"/> 24 Hr. Notice	<input type="checkbox"/> Appointment Only

Purchase Order #	Package Label #	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
 Colony Brands Transportation Department
 Fax Number: 608-328-8846 or Email: Traffic@colonybrands.com**

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