



SHIPMENT CONTROL FORM – USA Domestic Shipments Only

Supplier Name: _____ Contact Name: _____

Street Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ Shipping Hours: _____

Pickup Address & Phone # if Different from Above: _____

Additional Instructions and/or Pick-Up Number: _____

Ready to Ship Date:	Floor Load <i>OR</i> Palletized: <input type="checkbox"/> LOOSE <input type="checkbox"/> PALLETS	Supplier Load <i>OR</i> Driver Load: <input type="checkbox"/> SUPPLIER <input type="checkbox"/> DRIVER
In-House/Due Date:	Stackable Pallets: <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver Count: <input type="checkbox"/> YES <input type="checkbox"/> NO
Temperature Restrictions: <input type="checkbox"/> COOLER 35°-38° <input type="checkbox"/> FREEZER 0° <input type="checkbox"/> NO	24 Hour Notice Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Appointment Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Purchase Order #	Package Label #	General Item Description	Total Cartons	Weight (Lbs.)	Pallets/ Cube	Pallet/Carton Dimensions	Freight Class
TOTALS:							

Top Section to Be Completed by Supplier / Shipper

Bottom Section to Be Completed by the Colony Brands Transportation Department

Carrier Information:

PLEASE NOTE:

- Copies of the Packing List must be attached to both the Freight and to the Bill of Lading.
- Bill of Lading must include the Freight Class as well as the NMFC # and/or item description.
- Revisions must be submitted to Traffic@colonybrands.com for reassessment before shipping.

**** Failure to comply may result in chargebacks. ****

Please Email Form to Colony Brands Transportation Department:

Traffic@colonybrands.com

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