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ORDER FORM

TO:	GENEX	Today's Date:	
Attention:			

FROM:					
Company Name:					
Contact Name:					
Phone #:		Fax #:		E-Mail:	

LOAD DETAIL

PICK-UP AT:

Company Name:					
Street Address:					
City:		State:		Zip:	
Contact Name:					
Phone #:		Fax #:		E-Mail:	
Requested Pick-Up Date:		Time:			
Loading Hours:					
Commodity:					
Hazardous?:	Yes	No	If yes, UN#		
Pick-up #:		Bill of Lading #:		Purchase Order #:	
Other Ref #:		Pieces:		Weight:	
		Preferred Equipment:			

DELIVER TO:

Company Name:					
Street Address:					
City:		State:		Zip:	
Contact Name:					
Phone #:		Fax #:		E-Mail:	
Requested Delivery Date:		Time:			
Unloading Hours:					

THE FREIGHT CHARGES ARE: Prepaid: Collect: 3rd Party:

SEND BILL TO:

Company Name:					
Street Address:					
City:		State:		Zip:	
Contact Name:					
Phone #:		Fax #:		E-Mail:	

Quoted Rate: <i>(if known)</i>	
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