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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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