



Inbound Freight Booking Form

SYDNEY

MELBOURNE

BRISBANE

PERTH

ADELAIDE

Contact Details

Company Name:	<input type="text"/>	Account #:	<input type="text"/>
Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Fax:	<input type="text"/>

Despatch Details

Service Required:	Local Regular <input type="checkbox"/>	Local Express <input type="checkbox"/>	Local Elite <input type="checkbox"/>
Overnight Express <input type="checkbox"/>	Road Freight <input type="checkbox"/>	Same Day Interstate <input type="checkbox"/>	Priority Overnight <input type="checkbox"/>
Pickup From:	Company Name:	<input type="text"/>	
	Address:	<input type="text"/>	
		<input type="text"/>	
Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Ready Date:	<input type="text"/>	Ready Time:	<input type="text"/>

*** PICKUPS FROM ADDRESS OUTSIDE OF METROPOLITAN SYDNEY, MELBOURNE, BRISBANE, PERTH & ADELAIDE WILL BE COLLECTED ON THE NEXT BUSINESS DAY AFTER THE INBOUND BOOKING FORM IS RECEIVED (BOOKING FORMS MUST BE RECEIVED PRIOR TO 2:45PM FOR NEXT BUSINESS DAY PICKUP)**

*** BOOKINGS BEFORE 1:00PM INCURE A \$15.00 PICKUP FEE; BOOKINGS AFTER 1:00PM INCURE A \$45.00 PICK UP FEE**

Special Instructions:	<input type="text"/>		
Description of Goods:	<input type="text"/>		
Senders Reference:	<input type="text"/>	*NO GLASS ALLOWED, INSURANCE NOT INCLUDED	
# of Items:	<input type="text"/>	Weight:	<input type="text"/>
		Dims(cm):	<input type="text"/> L x <input type="text"/> W x <input type="text"/> H
Deliver To:	Company Name:	<input type="text"/>	
	Address:	<input type="text"/>	
		<input type="text"/>	
Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Special Instructions:	<input type="text"/>		

I CERTIFY THAT THIS CONSIGNMENT DOES NOT CONTAIN DANGEROUS GOODS.

I HAVE READ AND AGREE TO TRADE UNDER THE TERMS AND CONDITIONS OF DIRECT COURIERS

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: ___/___/___