



Freight Forward / Pick up Request Form

Fax To: Post Haste Customer Services - Auckland

Fax: 09 579 2789

| Customer Account Details | | | | | |
|---|--------------------------|-----------|--------------------------|----------|--------------------------|
| Account Name: | | | | | |
| Account Number to Charge: | | | | | |
| Please organise a pick up from the following address: | | | | | |
| Pick Up Address: | | | | | |
| | | | | | |
| | | | | | |
| Contact Name: | | | | | |
| Contact Phone: | | | | | |
| Date/Time: | | | | | |
| Number of Items: | | | | | |
| Order Number: | | | | | |
| Requested by: | | | | | |
| Please deliver items to the following address: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Phone: | | Fax: | | Contact: | |
| Delivery Instructions: | | | | | |
| Local Urgent | <input type="checkbox"/> | Overnight | <input type="checkbox"/> | Two Day | <input type="checkbox"/> |

PLEASE FAX BACK WITH JOB NUMBER

Job Number: _____