



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: _____