



ORDER FOR TRANSPORT PUD

COMPANY NAME: **AUSCOLD**
 CONTACT NAME: _____
 CONTACT PHONE: _____

DATE: _____
 ATTN: **Auscold**
 FAX: **08 8304 6097**
 EMAIL: operations@auscold.com.au

PRIORITY

*Please tick if your freight
 is to be picked up and
 delivered on the same day*

PICK UP COMPANY: _____
 CONTACT NAME: _____
 CONTACT PHONE: _____

PICK UP ADDRESS: _____
 DATE OF PICKUP: _____
 PICK UP TIME: _____

SPECIAL INSTRUCTIONS: _____

Pallets Transfer Docket Number: _____

Pallet Type: CUSTOMERS OWN EXCHANGE TRANSFERRED OTHER

CHARGE TO	DELIVERY CUSTOMER & ADDRESS	STATE	DEL. DATE	TIME SLOT	CON NOTE NO.	CUSTOMER REFERENCE	CHILL / FROZ	DRY	CTN QNTY	NO. PLTS	NO. SPCS	Weight	Height	Plt Type			JOB NO. (OFFICE USE ONLY)
														C	L	P	