



416.389.2943

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SHIPPER & POINT OF ORIGIN: _____

RECEIVER & DESTINATION: _____

MONTH	DATE DAY	YEAR
DRIVER NUMBER		
ORDER NUMBER		
CUSTOMER REFERENCE NUMBER		

NO. OF PKGS	WEIGHT	DESCRIPTION

CONTACT PROOF(S) COLOUR KEYS LASER(S) DYLEX(ES) FILM VELOX(ES)

WAIT	WEIGHT	AFTER HOURS	MISCELLANEOUS CHARGE	TOTAL CHARGES
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RECEIVED IN GOOD CONDITION BY:

PRINT RECEIVER'S NAME _____

RECEIVER'S SIGNATURE _____

SERVICE TYPE: BL DIR XPR REG EOD OVN

SHIPPER'S SIGNATURE _____

NOTES: _____

CUSTOMER'S EMAIL _____

CUSTOMER'S PHONE NUMBER _____