



TOTAL LOGISTICS PRODUCTS

COLLECTION REQUEST FORM

FROM

DATE:

COLLECTION DETAILS

COMPANY NAME:	
ADDRESS:	
POSTCODE:	
CONTACT NAME:	TELEPHONE NUMBER:
DATE AVAILABLE:	TIME AVAILABLE:
TIME OPEN:	TIME CLOSED:

CONSIGNMENT DETAILS

CONSIGNMENT NUMBER:	WEIGHT:
NUMBER OF PALLETS:	DESCRIPTION & Dimensions:

DELIVERY DETAILS

COMPANY NAME :
ADDRESS:
POSTCODE:

CONTACT NAME:	TELEPHONE NUMBER:
TIME OPEN:	TIME CLOSED:
SERVICE LEVEL:	

THIS COLLECTION IS REQUESTED By-

PLEASE ENSURE ALL INFORMATION HIGHLIGHTED IN RED IS PROVIDED, COLLECTIONS CAN NOT BE PROCESSED WITHOUT A CONTACT NAME AND TELEPHONE NUMBER – THANK YOU