

PALLET FORCE
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PALLET COLLECTION REQUEST FORM

CONSIGNMENT NUMBER TO BE USED

YOUR COMPANY NAME.....

Requesting Depot to Charge (NO) P44	Collecting Depot (NO).....
Date of Collection.....	Order /Ref No.....
Full Collection Address.....	
Full Postcode.....	
Contact / Dept.....	Telephone No Mobile No.....
Special Instructions	

No of Pallets.....	Weight (kgs).....
Dimensions.....	Time Goods Ready.....AM / PM
Nature of Goods.....	
Service Required NEXT DAY / ECONOMY EXTRA INSURANCE YES / NO	
Please Tick Box	<input type="checkbox"/> <input type="checkbox"/>

Delivery Address.....	
Full Postcode	
Contact Name.....	Telephone.....
Depot Number	