

# PALLET FORCE

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### PALLET HARD COPY POD REQUEST FORM

CONSIGNMENT NUMBER USED .....

YOUR COMPANY NAME.....

Requesting Depot to Charge (NO) **P44**      Collecting Depot (NO).....  
Date of Despatch.....      Order /Ref No.....  
Consignor.....

No of Pallets.....      Weight (kgs).....  
Nature of Goods.....  
Service Required **NEXT DAY / ECONOMY**  
Please Tick Box           

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

**PLEASE FAX COPY BACK TO DEPOT P44  
ASAP  
FAX NUMBER 01264 366400**