

APC (PARCELS)

WWW.TRANSPLUS.CO.UK

PARCEL COLLECTION REQUEST FORM

CONSIGNMENT NUMBER TO BE USED

YOUR COMPANY NAME.....

Requesting Depot to Charge (NO) 9	Collecting Depot (NO).....
Date of Collection.....	Order /Ref No.....
Full Collection Address.....	
Full Postcode.....	
Contact / Dept.....	Telephone No
	Mobile No.....
Special Instructions	
.....	

No of Parcels.....	Weight (kgs).....			
Dimensions.....	Time Goods Ready.....AM / PM			
Nature of Goods.....				
Service Required	NEXT DAY /	9.00am	10.00am	12.00pm
Please Tick Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Insurance required please tick	<input type="checkbox"/>	Value Required	£.....	

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

