



Haul of Fame Enterprise LLC

# FREIGHT ORDER FORM

## SHIPPER'S INFORMATION

Company Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Address: \_\_\_\_\_

Weight: \_\_\_\_\_

Shipping Hours: \_\_\_\_\_

Commodity: \_\_\_\_\_

Pickup Time & Number: \_\_\_\_\_

Seal Number: \_\_\_\_\_

Contact Name/Phone/Email:

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## RECEIVER INFORMATION

Company Name: \_\_\_\_\_

Delivery Time: \_\_\_\_\_

Address: \_\_\_\_\_

Assembly Required (Y/N): \_\_\_\_\_

Receiving Hours: \_\_\_\_\_

Liftgate (LG) or Loading Dock Delivery (LD): \_\_\_\_\_

Contact Name/Phone/Email:

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## COMPANY USE ONLY

Order Number:

Assignment Details:

Order Date:

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Order Received Time:

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Order Finalized Time:

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Dispatcher:

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Driver's Information (Name/License)	Dispatch Time	Vehicle Information (YR/Make/Model/Tag)	Certification(s)