

NEW ACCOUNT SHIPMENT SHEET

		36 Dorchester Ave Brantford, ON N3T 5L5		YOUR WAY BILL #			
		519-802-0959 dispatch@accr-courier.com					
SHIPPING FROM:				RECEIVING TO:			
NAME				NAME			
STREET				STREET			
CITY				CITY			
PROVINCE				PROVINCE			
POSTAL				POSTAL			
CONTACT				CONTACT			
PHONE				PHONE			
EMAIL				EMAIL			
3rd PARTY BILLING:				SHIPMENT DETAILS:			
NAME				<input type="checkbox"/> SAME DAY SERVICE		NUMBER OF PIECES	
		SHIPPER <input type="checkbox"/> RECEIVER <input type="checkbox"/>		<input type="checkbox"/> NEXT DAY SERVICE			
STREET				<input type="checkbox"/> OVERNITE , MORNING		TOTAL WEIGHT IN LBS	
CITY				<input type="checkbox"/> RUSH 2-4 HR SERVICE			
PROVINCE				<input type="checkbox"/> MULTIPLE STOPS*		VALUE OF GOODS	
POSTAL				*LIST MULTIPLE STOP ADDRESSES IN EMAIL		CND	
CONTACT				FIRST TIME SHIPMENTS ARE PAYMENT UPON DELIVERY. NET 30 ACCOUNTS ARE SET UP THEREAFTER			
PHONE				CHEQUE <input type="checkbox"/>		CASH <input type="checkbox"/>	
EMAIL				CC TYPE <input type="checkbox"/>		CREDIT <input type="checkbox"/>	
REFERENCE NUMBER				VISA / MC		NAME ON CARD	
SHIPPER SIGNATURE				WE WILL CALL FOR CARD NUMBER		MM / YY	
RECEIVING SIGNATURE				CVC			
				PRINT		SIGN	
LIABILITY:							
INITIAL		DISCLAIMER: All shipments are insured up to \$150 in a case of total loss covered by ACCR Courier. The courier shall not be liable for any special consequential or other damages caused by delay, mis-delivery or failure to deliver. Damages must be acknowledged and written on waybill or attached on receipt of order at time of delivery by consignee.					
DRIVER FILL OUT INFORMATION:							
NAME				WAIT TIME			
SIGNATURE				HAND PACK			
P/U DATE				NOTES:			
P/U TIME							
DEL TIME							