

e-Manife	est	*SCAC:	
*CARRIER			
*DELIVER-TO NAME:			
*ADDRESS:			
*CITY:			
*STATE:			
*ZIP CODE:			
*COUNTRY:	○ CANADA ○ USA ○ MEXICO		
PRIMARY PHONE:	Ext		
FAX:			
AFTER HOURS MOBILE:			
CONTACT FIRST NAME:			
CONTACT LAST NAME:			
CONTACT PHONE:	- Ext		