



*SCAC:

OF TRIPS:# OF SHIPMENTS:*TRIP DATE:M M D DTRIP #:

ASSIGNED UNLESS PROVIDED

*TRUCK UNIT #:OR TRUCK PLATE #:*TRAILER UNIT #:OR TRAILER PLATE #:2ND TRAILER UNIT #:OR 2ND TRAILER PLATE #:MULTIPLE TRAILERS, IF APPLICABLE

*DRIVER IN CHARGE:

2ND DRIVER (IF APPLICABLE):PASSENGER (IF APPLICABLE):

DRIVER CONFIRMATION:

○ PHONE CALL

OR

○ FAX

*PRODUCT DESCRIPTION:

*SHIPMENT WEIGHT:

☐ LBS ☐ KGS

*PIECE COUNT:

☐ PIECES ☐ BULK ☐ PACKAGES ☐ BUNDLES

HAZMAT (IF APPLICABLE) CLASS:

UN CODE:

* = REQUIRED FIELDS



FAX TO:

701.499.7404