



742 PEACHOID RD.
GAFFNEY, SC 29341

VOLUME SHIPMENT REQUEST FORM

Shipping Address: _____ Date: _____

City, State, and Zip Code: _____

Company Name: _____ Contact Name: _____

Phone Number: _____ Email Address: _____

Ready Date: _____ Cancel Date: _____

(If shipment not available by Ready Date, \$100.00 violation fee plus truck charge will apply)

Special Instructions: _____

PURCHASE ORDER #	DEPT #	CARTONS	WEIGHT	CUBE	PLTS	CLASS
TOTALS						

Are Pallets Stackable? _____

Send to: Joan Garner
Phone: 864-487-7505 ext. 1528

Email: jmatthews@hamricks.com
Fax: 864-649-2439

ROUTING RESPONSE

CARRIER USE: _____ QUOTE # FOR BOL: _____

CARRIER CONTACT: _____ CONTACT PHONE: _____

CONTACT EMAIL: _____

CARRIER USE ONLY

CARRIER MUST CALL FOR DELIVERY
24 HOUR NOTICE IS REQUIRED
DRIVER IS RESPONSIBLE FOR COUNT

RECEIVING HOURS:
MONDAY – FRIDAY
7:00 AM – 2:00 PM