Print Form

PACKING LIST

CENTRAL TRANSPORT®

DATE _____

SHIPPER INFORMATION

COMPANY NAME		
STREET		
(ORIGIN) CITY:	STATE	ZIP CODE
PHONE #:		

CONSIGNEE INFORMATION

COMPANY NAME		
STREET		
(ORIGIN) CITY:	STATE	ZIP CODE
PHONE #:		

MARKS	PRO NUMBER

NAME OF CARRIER _____ **P.O. #** _____

INVOICE # _____ **REF #** _____

INVOICE DATE _____ **SALES ORDER #** _____

WEIGHT	DIMENSIONS (HXWXL)	QUANTITY	DESCRIPTION

Thank you for your business!