



Freight Forward / Pick up Request Form

Fax To: Castle Parcels

Fax: 09 525 5800

Customer Account Details					
Account Name:					
Account Number to Charge:					
Please organise a pick up from the following address:					
Pick Up Address:					
Contact Name:					
Contact Phone:					
Date/Time:					
Number of Items:					
Order Number:					
Requested by:					
Please deliver items to the following address:					
Phone:		Fax:		Contact:	
Delivery Standard:					
Local	<input type="checkbox"/>	Regional	<input type="checkbox"/>	Two Day	<input type="checkbox"/>

PLEASE FAX BACK WITH JOB NUMBER

Job Number: _____