

Weis Markets Vendor Shipping Form

LTL?		TL?		Contact Information			
Origin Contact Name		Origin Contact Phone		Origin E-mail		Origin Fax (optional)	

Pick up Information			
Pickup Date	Pickup Ready-Close Time (hours)	WEIS PO Number(s)	Pick up# (if applicable)

Origin Information				
Company Name	Address	City	State	Postal Code

Destination Information				
Company Name	Address	City	State	Postal Code
Weis Markets				

Shipment Information						
Line Items	Customer PO#(s)	Customer SKU/ Description	Case Qty	# of Units	Class	NMFC #
1						
2						
3						
4						
5						
6						
7						
8						
**Attach Packing List for additional line items			Total Qty			

Short Ships (Rx ONLY) (Leave blank if N/A)			
PO#	Customer SKU/ Description	Case Qty	# of Units

HazMat? (Leave blank if N/A)			
Type	UN#	PG	Emergency Response Phone#

Special Instructions:	
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Pallet Shipping Information				
# of Pallets (Please list all dimensions for each pallet shipping)	Dimensions			Total Weight Including Pallet Weight
	Length	Width	Height	
1st pallet				
2nd pallet				
3rd pallet				
4th pallet				
5th pallet				
6th pallet				
7th pallet				
Totals				

*Prepaid Vendor?	<u>Y</u>		<u>N</u>		Please select a carrier if shipping prepaid: Estes, FedEx Freight, Old Dominion Freight Lines
Would you like Collect Options?	<u>Y</u>		<u>N</u>		Please prepaid TL you may use any carrier (Please refer to Routing Guide for details) Please specify carrier here: