



ADVANCED FREIGHT

EXPRESSSM www.AVXP.com

Pickup Sheet

Company Name _____

Contact Person _____

Telephone # _____

E-Mail Address _____

Destination _____

Service Required Overnight (1day)_____ Standard (2-3days)_____ Economy (5-7 days)

(NOTE: Shipment days does not include the day of pick up.)

Pick up Date ___/___/___ Arrival Date ___/___/___ Return Date ___/___/___

Number of Pieces _____ Weight (if known) _____

Unusual Dimension _____

Commodity Printed Matter _____ Displays _____

Other (describe) _____

Declared Value \$ _____ Current or Past Vendors _____

Miscellaneous notes: _____
