

SHIPPING DOCUMENT FOR RECEIVER
PURCHASING RECEIVES A COPY

GARDEN STATE CONSOLIDATING
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EDGEMONT PA 19028

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*** LOAD MANIFEST ***

RELEASE: (NUMBER)

=====

DISTRIBUTOR: (YOUR NAME)	CITY/STATE:(YOUR CITY/STATE)
ADDRESS: (YOUR ADDRESS)	TELEPHONE (YOUR NUMBER)

CARRIER: (DELIVERING CARRIER) APPOINTMENT DATE: (DATE/TIME)

=====

ORDER #	P/O#	PIECES	WEIGHT	IMPORTER
(OUR #)	(YOUR P/O)	(CASES)	(LBS)	(NAME)
XXXX	XXXXXXXX	XXXXXX	XXX	XXXXXXXX

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TOTAL UNITS: _____ TOTAL WEIGHT _____

TRUCKER MUST VERIFY COUNT AND PROTECT FROM EXTREME
TEMPERATURES

CARRIER SIGNATURE _____ DATE _____ PIECES _____