



CONSOLIDATIONS

Refrigerated › Dry Goods › Local

Date:	Shipper:
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Shipper Phone:	Shipper Fax:
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Known Shipper #:

CONSIGNEE:

CONS. Phone #:	CONS. Fax #:
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CONS. Address:

Origin:	Destination:	DV\$\$:
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SHIPPERS:	FULL	3 QUARTER	HALF	QUARTER	OVERSIZE

Airline:	AWB #:
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Bill to:

Please fax to (760) 727-1670

Consolidation fee - \$5.00

C #:
