



CITY TRANSFER

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Transportation Since Nineteen Forty Five
"Performance is Our Responsibility"

www.citytransfer.com

310 – CITY(2489)

DISPATCH 310-CITY(2489)
Outside BC 1-866-310-2489
Fax 604-485-7542
Address 7141 Duncan St
Powell River BC
V8A 1W3

SHIPPER		DATE:	
ADDRESS		SHIPPER/PO#	
CITY		PHONE#	

RECEIVER	
ADDRESS	
CITY	
RECEIVER/PO#	
PHONE#	

CHOOSE PAYMENT OPTION: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> THIRD PARTY	TRAILER#
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Number of Pieces	DESCRIPTION	L	W	H	WEIGHT <small>SUBJECT TO CONFIRMATION</small>	QUOTE#
						FREIGHT
						FSC
						DECLARED VALUE OF SHIPMENT
						<small>Maximum Liability of \$4.41/kg. (\$2.00/lb.) computed on the total weight of the shipment unless declared valuation states otherwise</small>

REQUIRED TEMP: _____							
Dangerous Goods	UN#	Shipping Name	Class	Packing Group	ERAP	24 hr Response Phone #	GST
						613-996-6666 or *666 on Cell	TOTAL

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them and are in all respects in proper condition for transport according to the transportation of dangerous goods regulations.
ARTICLES WILL NOT BE ACCEPTED FOR SHIPMENT UNLESS PROPERLY PACKAGED OR AS NOTED BELOW

SHIPPER: PRINT & SIGN

PICK UP DRIVER DECLARATION: PICKED UP IN GOOD ORDER? **YES** **NO - IF "NO" CONTACT DISPATCH IMMEDIATELY**

NOTES

PICK UP DRIVER NAME _____ **DATE** _____ **START TIME** _____ **FINISH TIME** _____

RECEIVED ABOVE SHIPMENT IN GOOD ORDER OR AS NOTED BELOW

RECEIVER: PRINT & SIGN

DELIVERY DRIVER DECLARATION: DELIVERED IN GOOD ORDER? **YES** **NO - IF "NO" CONTACT DISPATCH IMMEDIATELY**

NOTES

DELIVERY DRIVER NAME _____ **DATE** _____ **START TIME** _____ **FINISH TIME** _____

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**PLACE
BARCODE
HERE**