

## Warehouse Services Form

Please input the shipment reference number(s) and check the boxes for all of the services performed on the shipment. If you are unsure of any of the information below, please call in to the warehouse office to ask.

Please Enter Your First and Last Name\*

! Required field

First Name	Last Name
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Customer Name\*

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Please enter any relevant load numbers separated by commas, if available

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Check Each of the Services Performed:

- Handling In  Handling Out  Storage (Standard)  HAW4 Storage  
 H0E4 Storage  Temp Controlled Storage  ULD Breakdown (No Segregation)  
 Skid Supply + Shrink Wrap  Shrink Wrap Only  Segregation by References  
 Labeling  Floor Offload of 20' Container  Floor Offload of 40' Container  
 Devan of Palletized 20' Container  Devan of Palletized 40' Container  AMS Entries  
 Printing Documents  Other

Special Notes or Exceptions

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i.e. "Storage Waived per..."

**Submit Form**