CENTRAL TRANSPORT®

PACKING LIST

DATE: mm/dd/yyyy

SHIPPER INFORMATION

Company Name

Street Address

State/Province

(Origin) City | Zip/Postal Code

Phone | Ext

CONSIGNEE INFORMATION

Company Name

Street Address

State/Province

(Origin) City | Zip/Postal Code

Phone | Ext

MARKS

PRO NUMBER

NAME OF CARRIER:

INVOICE #:

INVOICE DATE:

P.O. #:

REF #:

SALES ORDER # :

WEIGHT	DIMENSIONS (HxWxL)	QUANTITY	DESCRIPTION

Thank you for your business!