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Transport Request Document

COMPANY NAME

For the attention of

Please accept this fax as our request for 1 x vehicle to load as follows

Collection address

Delivery address

DATE

DATE

TIME

TIME

No. of Pallets	<input type="text"/>
Total Weight	<input type="text"/> KGS
Dims per	<input type="text"/>
Rate agreed	<input type="text"/>
Signed	<input type="text"/>
Print Name	<input type="text"/>

Customer Reference	<input type="text"/>
Special Instruction	<input type="text"/>
Invoice address	<input type="text"/>