



FINISHER OF CHOICE!™

INBOUND

WARNING: The lack of timing, accuracy or completeness of this information will affect your request for a pick-up!

Your Linetec Account Representative: _____

Your Company Name: _____

Address: _____

City _____ State _____

Telephone No: _____ Contact: _____

Directions if Needed: _____

Pick-up Information

Requested Pick-up Date: ____ / ____ / ____

Your Purchase Order No. or Job Name: _____

Linetec Sales Order No. _____ Quote No. _____

<u>Packaging Types</u>	<u>Number of Packages</u>	<u>Weight</u>
Boxes	_____	_____
Bundles	_____	_____
Crates	_____	_____
Skids	_____	_____
Other: _____	_____	_____

Total Weight of Pick-up:

Your Loading and Unloading Techniques Used:

Estimated trailer space: (L) ____ ft. x (H) ____ ft. x (W) ____ ft.