



Freight Forward / Pick up Request Form

Fax To: NOW Couriers

Fax: 09 579 2994

Customer Account Details	
Account Name:	

Please organise a pick up from the following address:	
Pick Up Address:	
Contact Name:	
Contact Phone:	
Date/Time:	
Number of Items:	
Order Number:	
Requested by:	

Please deliver items to the following address:					
Phone:		Fax:		Contact:	

Delivery Standard:		
Local	Regional	Two Day

PLEASE FAX BACK WITH JOB NUMBER

Job Number: