



SHIPPING INSTRUCTION FORM

Company Name

Point of Contact for Shipping (First & Last Name)

PRIMARY SHIPPING LOCATION

Unit # / Address / Land Location

City

Province / State

Country

Postal Code

Directions / GPS Co-ordinates

Product Type

Please check ALL boxes that are applicable to this location:

- ☐ Residential Address ☐ Farm Location ☐ School Location ☐ _____ km's Out of City Limits
☐ Road Restrictions (details required): _____

Please check ALL boxes indicating the type of equipment YOU possess for unloading:

- ☐ Forklift ☐ Skid Steer ☐ Tractor w/ Forks ☐ Loading Dock ☐ Pallet Jack ☐ Pallet Puller/Straps

**Please note that if you do NOT have a forklift, skid steer, tractor w/ forks, or loading dock, then YOU MUST RENT A FORKLIFT for flat deck deliveries & deliveries ≥ 11 skids. HJS does NOT provide or book forklifts for deliveries.*

Please check ALL boxes for the services you require on delivery:

- ☐ Pallet Jack ☐ Power Tailgate ☐ Driver Assistance ☐ Inside Delivery
only for dry van shipments ≤ 11 skids **assistance w/ pallet jacking in trailer only**
☐ Delivery Appointment ☐ Limited Access (check off if a 53' semi will NOT fit in yard) ☐ After Hours/Weekend Delivery

SECONDARY SHIPPING LOCATION (If Applicable)

Unit # / Address / Land Location

City

Province / State

Country

Postal Code

Directions / GPS Co-ordinates

Product Type

Please check ALL boxes that are applicable to this location:

- ☐ Residential Address ☐ Farm Location ☐ School Location ☐ _____ km's Out of City Limits
☐ Road Restrictions (details required): _____

Please check ALL boxes indicating the type of equipment YOU possess for unloading:

- ☐ Forklift ☐ Skid Steer ☐ Tractor w/ Forks ☐ Loading Dock ☐ Pallet Jack ☐ Pallet Puller/Straps

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PARCEL SHIPMENT LOCATION

☐ Same as Primary Location

☐ Same as Secondary Location

☐ Other

P.O.Box / Address

City

Province / State

Country

Postal Code

Please indicate below if you have an account with a shipping company that you would like us to ship collect with:

Company: _____ Account #: _____ Company: _____ Account #: _____

ADDITIONAL NOTES: If you have anything you would like to include, please indicate below.