



CF89F F9EI 9GH

TO SUBMIT AB CF89F PLEASE FILL IN THIS FORM AND EMAIL IT TO  
[CF89FG@USPERISHABLES.COM](mailto:CF89FG@USPERISHABLES.COM)

**CLIENT:**

PERSON SUBMITTING ORDER:

DATE ORDER IS REQUESTED:

**SHIPPING FROM:**

LOCATION NAME:

ADDRESS:

CITY/STATE/ZIP:

DATE:

TIME (if needed):

CONTACT NAME:

CONTACT PHONE NUMBER:

**DELIVERY TO:**

LOCATION NAME:

ADDRESS:

CITY/STATE/ZIP:

DATE:

TIME (if needed):

CONTACT NAME:

CONTACT PHONE NUMBER:

**SHIPMENT INFORMATION**

*The following is information needed per PO number. If there are multiple PO numbers, please fill in and fax multiple forms.*

PO#:

PALLET COUNTS:

PALLET SPOTS:

QUANTITY (I.e.: # of cases):

GROSS WEIGHT (Inc. pallets):

TEMPERATURE (I.e.: frozen, 0° to 10°):

BRIEF DESCRIPTION OF PRODUCT (I.e.: frozen

baked foodstuffs):

**BILL TO INFORMATION**

*If different from 'Shipping From' information*

COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER: