

REQUEST FOR PICK UP FORM

FRESHWAY DISTRIBUTORS

ORDERS PHONE: 516-870-3124

PLEASE REFER TO DELIVERY SCHEDULE INCLUDED FOR DELIVERY DAYS FOR YOUR AREA

40 LUDY STREET, HICKSVILLE, NY 11802

ORDER FAX: 516-870-3117
DISPATCH PHONE: 516-870-3352

BILLING CUSTOMER:

DATE: _____

Name: _____

Phone: _____

**IMPORTANT!!! ** A NEW PICKUP FORM MUST BE USED FOR EACH FAX TRANSMISSION
ALL FIELDS MUST BE COMPLETED TO ENSURE QUALITY SERVICE**

ORDER		PICKUP FROM	DELIVER TO	Revised Order??	P.O. #	QUANTITY		CHECK IF FROZEN	PICKUP DATE	DELIVERY DATE	FRESHWAY CONTROL #
#											
NAME ADDRESS PHONE #	1					CASES					
			WEIGHT								
			PALLET								
			REF. #								
NAME ADDRESS PHONE #	2					CASES					
			WEIGHT								
			PALLET								
			REF. #								
NAME ADDRESS PHONE #	3					CASES					
			WEIGHT								
			PALLET								
			REF. #								
NAME ADDRESS PHONE #	4					CASES					
			WEIGHT								
			PALLET								
			REF. #								
NAME ADDRESS PHONE #	5					CASES					
			WEIGHT								
			PALLET								
			REF. #								

SPECIAL DELIVERY (or pickup) INSTRUCTIONS:

ORDER # _____

ORDER # _____

ORDER # _____

OTHER NOTES
