

Please complete this form in its entirety. Incomplete forms will be refused.						
4 hour window required to schedule LTL pickups		24 hour notice required to schedule truckload pickups				
Send completed form to: lscltransaction	npleted form to: lscltransactionalservices@enru.io		uestions? Call us at 833-SHIP-LSC			
BILLING INFORMATION						
LSC Facility to be Billed: Customer Name:						
PICK UP & DELIVERY INFORMATION						
Pick Up Date & Time (When will the fre	Date:	Time:				
Delivery Date & Time (When is freight due by?)		Date:	Time:			
ORIGIN INFORMATION						
Origin Name						
Street Address						
City			State	Zip		
Contact Name			Contact Phone #			
Contact Email Address						
Shipping Hours						
Can shipper load ground level/cargo va	ck required?	Yes	No			
DESTINATION INFORMATION						
Destination Name						
Street Address						
City			State	Zip		
Contact Name			Contact Phone #			
Contact Email Address						
Receiving Hours			Appointment required?			
Can receiver load ground level/cargo van or is a dock-high truck rec			(Circle One) Cargo Van Dock-High Truck			
FREIGHT INFORMATION						
Name of / type of material (glue, ink, paper, etc.)						
Freight class (50, 55, 60, 70, 85, etc.)						
NMFC Number		Declared value of product (USD)				
Total # of Pallets	Dimensions		Weight			
Reference Number(s) (Job #,PO #, order #, pickup #)						
Special instructions (stackable, non-stackable, lift gate required, etc.)						
HAZMAT INFORMATION, IF APPLICABLE						
Name of Material						
Group # (I, II, III)	roup # (I, II, III) Class # (1-8)		Number of Units			
24 hour contact name	24 hour contact	24 hour contact #				
Hazmat UN / NA #		Containerization (drums, pails, etc)				

LSCL Manifest #	Freight Carrier	Carrier Pro #	Carrier Pickup #