

**ORDER FORM**



TRAFFIX A division of 673753 ONT LTD  
the transportation people

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**BILLING PARTY**

Billing Party Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: (    ) - \_\_\_\_\_

**POINT OF ORIGIN**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of pickup: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Release / P.O. #: \_\_\_\_\_ Appointment Required? Yes  No

**CONSIGNEE**

Consignee: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City, Prov / State: \_\_\_\_\_

Postal / Zip Code : \_\_\_\_\_

Phone #: (    ) - \_\_\_\_\_ Fax #: (    ) - \_\_\_\_\_

**PACKAGES / GOODS**

Number of Pieces / Packages	Description of Articles & Special Marks	Size & Weight <i>(subject to correction)</i>	Rate
<b>Total Size &amp; Weight</b>			



Declared Value of Shipment: \_\_\_\_\_

Is Temperature Control Required ?

Yes  No

Hazardous Material ?

Yes  No

Additional Instructions:

(additional logistics)

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C.O.D. AMOUNT (if applicable) : \_\_\_\_\_ Name of Customs Broker: \_\_\_\_\_

Traffix  
8420 Highway 25  
North Milton, Ontario, L9T 2X7  
Local: 905 875 0708  
Fax: 905 875 1733  
Toll-free: 1 800 388 4352