

# Collection Request Form



Notification date:	
Notification time:	
Requested by:	
Contact Number:	
Customer Reference:	
And or Branch Code:	
Collection date:	
Collection time:	

Account Number:	
<b>Invoice to – (if not sender)</b>	
Name:	
Address:	
Town/City:	
County:	
Postcode:	

<b>Sender:</b>	
Name:	
Address:	
Town/City:	
County:	
Postcode:	
Contact/Name:	
Contact/Tel:	

<b>Deliver to:</b>	
Name:	
Address:	
Town/City:	
County:	
Postcode:	
Contact/Name:	
Contact/Tel:	

<b>Description of freight:</b>						
QPN		HPS		PAN		DPS
QPS		EPN		PAS		OFN
HPN		EPS		DPN		OFS
<b>Dimensions (cms): L x W x H</b>						
_____ x _____ , _____ x _____						
_____ x _____ , _____ x _____						
_____ x _____ , _____ x _____						
Weight (Kg):						
<b>Do any pallets have an overhang:</b>						
Yes / No	If yes how many pallets?					
<b>Comments/instructions -</b>						

<b>Service type</b>							
<b>Product</b>		<b>Features</b>					
Next Day		W		B		OH	
Day Def		DG		PB		HD	
Special		SV		TD		TM	
		TL		AM			
<b>Note – Only 1 x product to be chosen, PB + B cannot be used together, the same applies to TD,OH + AM.</b>							

<b>DHL use only -</b>	
DHL Consignment no:	
DHL Contact:	
Date & Time Returned To Customer:	
<b>Comments –</b>	

**To be E-MAILED or faxed to all of the following when completed**  
**E-MAIL To:** info@parcelpostdepot.co.uk

**Fax To:**