RWC DELIVERY

1420 S 192nd Street Seatac, WA 98148
253-838-2051 Office

Date: _____

Company:	Shipped From:
Address:	Address:
City, State, Zip:	City, State, Zip:
Attention:	Phone Number:
Phone:	

Third Party Billing Information	Charges ARE PREPAID unless marked Collect ☐
Bill to:	PO/Shipper Number:
Address:	
City, State, Zip:	

Hazardous GENERIC	Mark "X" in the HM column	EMERGENCY RESPONSE PHONE NUMBER	TECHNIAL NAMES ARE REQUIRED FOR "NOS" AND OTHER
Materials	for Hazardous materials	1-800-337-7455	DESCRIPTIONS FOR ALL HAZARDOUS MATERIAL ITEMS

Pieces	HM	Kind of packaging, description of items, Special marking or exceptions	Weight	Class	NMFC No.

COD $_____ Remit COD to: _____

Shipper	Trailer/Truck#	Time
Consignee	Driver	Date

www.RWCDelivery.com