

Collection Address:	Company name		
	Street address Suburb, Post Code		
Collection Contact:	Full Name		
	mobile number		
Loading Requirements:	How is it being loaded?		
	Do they have restricted access?		
	Opening/Closing hours		
	Any Specific site requirements		

Delivery Address:	Company name	
	Street address	
	Suburb, Post Code	
Delivery Contact:	Full Name	
	Mobile Number	
Delivery Requirements:	How is it being unloaded?	
	Do they have restricted access?	
	Opening/Closing hours	
	Any Specific site requirements	
IS IT TIME CRITICAL	Advise Date AND time if YES	

Load details:	Weight and Dimensions of each item			
	Do you need a load plan?			
	Is there freight specific requirements? Dogs/Chains, Angles, straps			

Job Requirements:	Has this been confirmed with both locations?		
	Have you received a quote and timeline for freight?		
	Have you raised a PO and supplied for booking		
	Can other freight be loaded with this item/items?		

On completion of this form please forward to <u>monique.mallasch@vikingindustrial.com.au</u> for processing.

Viking Integrated Management System:	DOC_V_FOR_031_REV0 - FREIGHT REQUEST FORM		
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