

DELIVERY INSTRUCTIONS

ACCOUNT NAME: _____

REASON FOR FORM COMPLETION: (check one or both)

DATE: _____

SHIP TO ADDRESS UPDATE: must be approved by the CARD LOG LOGISTICS MANAGER:

BILL TO ADDRESS UPDATE: _____

I give HMI Glass and Ryder Logistics permission to make deliveries without a representative of my company on site if it can be done safely without harm to a company driver. Please keep in mind all our drivers are on two day runs and follow all DOT regulations, we allow about 15 minutes per stop before we must continue.

COMPANY NAME: _____

COMPANY REPRESENTATIVE: _____

SHIP TO ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

DATE: _____

DO WE HAVE PERMISSION TO MAKE EARLY OR AFTERHOURS DELIVERIES? YES NO

GATE AND/ OR BUILDING ENTRANCE INSTRUCTIONS: (combination locks are appreciated)

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_ WHERE SHOULD WE LOCATE YOUR DELIVERIES: _____

_ DO YOU HAVE A DOCK? YES NO FORK TRUCK? YES NO

WHO SHOULD DRIVER CONTACT IF PROBLEMS ARE ENCOUNTER:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____