

# Freight Pickup Authorization Form

Date:

Shipper Name:

Shipper Contact:

Consignee Name:

Consignee Contact:

Pickup Location:

Requested Pickup Date & Time:

Carrier/Driver Name:

Carrier/Driver Contact:

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Freight Description:

Number of Pieces:

Total Weight:

Reference/BOL #:

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Special Instructions:

Authorized By:

Signature:

Date: