LTL Load Confirmation Form

Carrier Name	
Date	
Load/Pro#	
Shipper Name	
Shipper Address	
Shipper Phone	
Consignee Name	
Consignee Address	
Consignee Phone	
Pickup Date/Time	
Delivery Date/Time	
Reference #	
Pieces	
Weight (lbs)	

Class
Commodity
Special Instructions
Rate
Accessorials
Total
Dispatcher/Contact
Contact Phone
Contact Email
Carrier Signature
Date