



LOAD CONFIRMATION

Please fax when completed to: (204) 488-5522

Attention: _____

Company Name: _____

Date: _____

Contact Person: _____

Number: _____

Ext: _____

Loading Information

Requested Load Date: _____

Load At Address: _____

Other Information: _____

Requested Equipment Type: _____ Protective Services? Yes or No? _____

Commodity: _____ Weight: _____

Appointment Necessary? Yes or No? _____ Loading Hours: _____

Load At Contact Name: _____ Phone Number: _____

Other Pickup Information: _____

Delivery Information

Expected Delivery Date: _____

Delivery Address: _____

Other Information: _____

Appointment Necessary? Y or No _____ Receiving Hours: _____

Receiver Contact Name: _____ Phone Number: _____

Other Delivery Information: _____

Additional Services Requested:

Proof-of-delivery: Yes or No _____ Dangerous Goods: Yes or No _____

Off-Hours Loading/Delivery: Yes or No _____

Other (please specify): _____

*All additional requested services will be subject to the Kleysen Value-Added Services Tariff