

BUTCH CAMERON TRUCKING, INC. TRANSPORTATION REQUEST FORM

Email completed form to dispatch@butchcamerontrucking.com *Office Use Only - Scheduled Date:*

Responsible Billing Party	
Consignee Name:	
Contact Name:	
Contact Phone Number:	
Email:	
Street Address:	
City:	

Transportation Details	
Requested Delivery Date:	Please provide 2-3 alternate dates
Time Requested:	_____ A/M _____ P/M
Gallons:	
Commodity:	RED / WHITE / ROSE
Cased Goods:	# _____ OF PALLETS
BBLS:	# _____ MTS / FULLS / NO RACKS
LOADING LOCATION:	
UNLOADING LOCATION:	
Location Name:	Location Name:
Address:	Address:
Gate Code:	Gate Code:
Hours of Operation:	Hours of Operation:
If there is more than one loading/unloading location please use the space below to indicate special instructions:	

SPECIAL REQUESTS/ACCESS DETAILS	
Wash Slips / Weights:	YES / NO / BOTH
Seals:	YES or NO
Access Restrictions: (Road or Facility)	YES or NO, Please explain

Printed Name:	
Signature:	Date:

Confirmed Date: _____ / By Phone _____ / Email _____ / Quote: Y / N / Quote: \$ _____ / Cancelled Date: _____

Dropbox\BCT Inc Documents\Dispatch\[BCT TRANSPORT REQUEST MASTER.xlsx]Table 1