



BUTCH CAMERON TRUCKING, INC. TRANSPORTATION REQUEST FORM

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

Transportation Details	
Requested Delivery Date:	
Time Requested:	A/M P/M
Is this time flexible	YES or NO
Gallons:	
Commodity:	RED / White
Cased Goods:	
BBLS:	MTS / FULLS / NO RACKS
LOADING LOCATION:	UNLOADING LOCATION:
Location Name:	Location Name:
Address:	Address:
Hours of Operation:	Hours of Operation:
If there is more than one loading/unloading location please use the space below to	

SPECIFIC WINERY INFORMATION	
Wash Slips:	YES or NO
Scale Weights:	YES or NO
Seals:	YES or NO
Gate Code:	
Access Restrictions: with weight	YES or NO

Please initial that you've read each item listed above: _____

Print Name:	
Signature:	Date:

For Office Use Only:

Confirmed by:	
Acct Ok:	
Verified C/C	
Cancelled Date:	

Please complete this form with as much information as possible. We cannot process transportation requests with missing or incomplete information. Email to this form to dispatch@butchcamerontrucking.com