

DATE: mm/dd/yyyy

**PACKING LIST**

**SHIPPER INFORMATION**

Company Name

**CONSIGNEE INFORMATION**

Company Name

Street Address

Street Address

State/Province

State/Province

(Origin) City

Zip/Postal Code

(Origin) City

Zip/Postal Code

Phone

Ext

Phone

Ext

**MARKS**

**PRO NUMBER**

NAME OF CARRIER:

P.O. #:

INVOICE #:

REF #:

INVOICE DATE:

SALES ORDER # :

***Thank you for your business!***

Central Transport

12225 Stephens Road Warren, MI 48089

[www.centraltransport.com](http://www.centraltransport.com/)

(586) 467-1900

WEIGHT

DIMENSIONS (HxWxL)

QUANTITY

DESCRIPTION