

Fax To: **Knichel Logistics** 
5347 William Flynn Hwy. 2nd Floor
Gibsonia, PA 15044
Phone: (888) 386-7450
Fax: (724) 449-3310

Dispatch Form

From: _____
Phone: _____
Fax: _____

Intermodal
Over the Road
Date: ____ / ____ / ____

Dispatch Info (First Shipment)

Origin Info: Shipper _____
Shipper Address _____

Shipper Phone _____ Shipper Fax _____
PU # _____ PO # _____

PU Date/Time _____ Weight (Gross) _____ Piece Count _____
Floor "OR" Pallets Equipment Size _____

Dest. Info: Consignee _____
Consignee Address _____

Consignee Phone _____ Consignee Fax _____

Dispatch Info (Second Shipment)

Origin Info: Shipper _____
Shipper Address _____

Shipper Phone _____ Shipper Fax _____
PU # _____ PO # _____

PU Date/Time _____ Weight (Gross) _____ Piece Count _____
Floor "OR" Pallets Equipment Size _____

Dest. Info: Consignee _____
Consignee Address _____

Consignee Phone _____ Consignee Fax _____

Product: _____

Special Instructions: _____
