COMMERCIAL DROP SHIP PACKING SLIP

Date *	Order # *	Batch #	Purchase Order

Delivery Method *	
UPS/ FEDEX # *	

(Required Fields *)

RETAILER INFO: *

Retailer Name:
Address:

Phone #:
Fax #:
Email:
Website:

SHIP TO: *

Customer Name:
Address:

Shipping Notes:

Quantity	TP Item #	Item #	Description

Thank you for your order!

If you have any questions with this shipment, please notify us within 7 days of receiving your items.

Please keep in mind that if you ordered more than one item, your order may ship from several different locations.

PLEASE DO NOT RETURN ANY MERCHANDISE WITHOUT FIRST CONTACTING US FOR RETURN AUTHORIZATION.

Order Notes: