

DELIVERY INSTRUCTIONS



ACCOUNT NAME: _____

REASON FOR FORM COMPLETION: (check one or both) DATE: _____

SHIP TO ADDRESS UPDATE: must be approved by the CARD LOG LOGISTICS MANAGER:

DELIVERY INSTRUCTIONS UPDATE: _____

I give HMI Cardinal and Cardinal Logistics permission to make deliveries without a representative of my company on site if it can be done safely without harm to a company driver. Please keep in mind all our drivers are on two day runs and follow all DOT regulations, we allow about *15 minutes* per stop before we must continue.

COMPANY NAME: _____

COMPANY REPRESENTATIVE: _____

SHIP TO ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

DATE: _____

DO WE HAVE PERMISSION TO MAKE EARLY OR AFTERHOURS DELIVERIES? YES NO

GATE AND/ OR BUILDING ENTRANCE INSTRUCTIONS: (combination locks are appreciated)

WHERE SHOULD WE LOCATE YOUR DELIVERIES: _____

DO YOU HAVE A DOCK? YES NO FORK TRUCK? YES NO

WHO SHOULD DRIVER CONTACT IF PROBLEMS ARE ENCOUNTER:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____