



**FROZEN ON TIME
PACKAGING / SHIPPING INFORMATION**

SENDER INFO:

Contact person sending the product: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____ Postal Code/Zip: _____

Phone # _____ Ext # _____ Fax# _____

SHIPPING (RECEIVER) ADDRESS:

Contact Person: _____

Company Name: _____

Address 1: _____

Address 2: _____

Country: _____ //

City: _____ State/Province: _____ Postal Code/Zip: _____

Phone #: _____ Ext #: _____



FROZEN ON TIME PACKAGING / SHIPPING INFORMATION

OTHER INFORMATION:

Product Description:

Type of Packaging:

Quantity: _____ Weight of each: _____

HTS Code: _____ Other Codes: _____

Other details:

*FDA #: _____

*Manufacturer's Name & Address:

Shipping date: _____ Requested Arrival Date: _____

Packaging Instructions:



FROZEN ON TIME PACKAGING / SHIPPING INFORMATION

HOW PRODUCT WILL ARRIVE AT DRY ICE & GASES:

Drop off before noon: ___ Yes ___ No

NOTE: Late drop off: 12 noon – 3:00 PM is SUBJECT TO A LATE CHARGE

Carrier: _____

Requesting Pick Up: *Please give 1 day's notice for pick up within GTA. Call if outside GTA*

Where (LOCATION): _____

When (DATE & TIME): _____

Other Comments / Information: _____