

DELIVERY NOTE

COURIER REFERENCE

CONSIGNMENT NOTE NUMBER

FROM (Sender)

PLEASE USE BLOCK CAPITALS

Name

Address

Postcode

Telephone

TO (Receiver)

PLEASE USE BLOCK CAPITALS

Name

Address

Postcode

Telephone

SENDER'S NAME (PLEASE PRINT)

SENDER'S SIGNATURE

NEXTDAY DELIVERY OPTIONS

NEXT WORKING DAY DELIVERY

NEXT WORKING DAY - **BEFORE NOON**

NEXT WORKING DAY - **BEFORE 10.30**

NEXT WORKING DAY - **BEFORE 9.00**

SATURDAY DELIVERY - **BEFORE NOON**

SATURDAY DELIVERY - **BEFORE 10.30**

SATURDAY DELIVERY - **BEFORE 9.00**

SPECIAL INSTRUCTIONS

SAMEDAY DELIVERY OPTIONS

DEDICATED VEHICLE

NETWORK SERVICES

OTHER SERVICES (please specify)

IMPORTANT - Tick box if increased transit liability insurance **IS** required (extra cost option)

CUSTOMER REFERENCE

WEIGHT
(KG)

NO. OF
ITEMS

DESCRIPTION

SIGNED

RECEIVED IN GOOD CONDITION

PRINT NAME

DATE

TIME