

[YOUR COMPANY NAME]  
\_\_\_\_\_  
[Street Address]  
\_\_\_\_\_  
[City, State Zip Code]  
\_\_\_\_\_  
[Phone]  
\_\_\_\_\_

# Packing List

SHIP TO
[Name]
[Company]
[Address]
[City, State Zip Code]

DATE	STORE NO	PO NO	DEPT NO	ACCOUNT NO

ROUTING	WEIGHT	#CARTONS
Roadway		

Items Code	Buyer's Code	HS Code	DESCRIPTION	Qty	Units

Total      0

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_