

## LCL NATIONAL PICK-UP REQUEST

\* Indicates Required Fields

Customer Information								
From:				То:				
* Tropical Delivery Facility: (select one)			MLK - Riviera	a Beach, Florida	Miami,	Florida	Kearny,	New Jersey
SB Estimate #: (if acquired prior)								
* Consignee Name or Name of the party cargo this is going to, address, and phone:								
* Final Port of Destination:								
* Shipper name, address and phone:								
* Pickup Location Name: (if other than shipper's location)								
* Pickup Street Address:								
* Pickup City, State, ZIP:								
* Pickup Contact Name:								
* Pickup Contact Telephone Number:								
* Cargo and/or	Commodity	Description:	I					
* No. of Pieces *Package Type		/ре	* Weight (w) in pounds or Approximate (A) (select one, enter amount)			Cubic Feet		*Hazardous
			W Amount: A					Yes
			Amount:					
			W Amount:					Yes
			A Amount:					No
			W Amount:					Yes
			A Amount:					No
* Special Servio	ces requeste	d:						
		Liftgate (select one)		Inside P/U (select one)		Residential (select one)		
Yes		Yes		Yes		Yes	Yes	
No		No		No		No	No	

To request a booking email <u>customercare@tropical.com</u> or call 561-881-3999. Once a booking is made, a National Pick-Up coordinator will call contact to discuss pick-up date.