

T 514-512-7178 · F 514-274-9749
www.samedayexpress.ca



Account no: _____

Date					
Waybill no					

FROM / DE

TO / A

Name: _____
Address: _____
City: _____
Phone: _____
Postal Code: | | | | | | | |

Name: _____
Address: _____
City: _____
Phone: _____
Postal Code: | | | | | | | |

Reference No: _____

DIRECT 60 MINUTE **EXPRESS 90 MINUTE**

SAME DAY REGULAR 4 HR **9 A.M. EXPRESS**

VISA MASTERCARD CASH CHEQUE

OVER NIGHT **WEEKENDS**

  Amount Paid: \$ _____

RETURN **C.O.D.**

NUMBER: | | | | | | | | | | | | | | | | | | | | | |

Wt: _____ Pcs / vol: _____

EXP: | | |

Driver No: _____

SENT BY

RECEIVED BY

Signed: _____

Signed: _____