



Truck Load Request Form

Use for shipments over 10 pallet positions or 9,000 pounds

Click Submit at the bottom to send the completed form to kgptmg@kgptel.com. Please allow 24 hours from submission of form to pickup for all truckload requests.

Date Submitted: _____
Time Submitted: _____

Sender's Phone Number: _____
Sender's Fax Number: _____
Sender's Name: _____

Origin Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Destination Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

PO/RA Number: _____
Earliest Available Date: _____ Delivery Due Date: _____

Commodity #1: _____
Number of Pallets: _____ Dimensions: _____
Stackable? Yes No Weight: (lbs) _____

Commodity #2: _____
Number of Pallets: _____ Dimensions: _____
Stackable? Yes No Weight: (lbs) _____

Commodity #3: _____
Number of Pallets: _____ Dimensions: _____
Stackable? Yes No Weight: (lbs) _____

Commodity #4: _____
Number of Pallets: _____ Dimensions: _____
Stackable? Yes No Weight: (lbs) _____

Equipment Type (flatbed, van, etc.): _____
Special Instructions: _____
Delivery Contact Name: _____
Delivery Contact Phone Number: _____

Click Submit to send the completed form to kgptmg@kgptel.com and a representative will process your request. Please allow 24 hours for pickup for full truckloads.