

Despatch Advice

To:

Company _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Shipping Contact _____

Shipped To:

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Despatch Number _____

P.O. Number _____

Sales Order Number _____

Shipment Date _____

Est. Delivery Time _____

From:

Company _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Contact Name _____

Signature

Line Item No.	Description	Quantity	Part Number