

CLEARFreight, Inc. Routing Order

Date:	Supplier Company Nai	me:	
Contact Person:		Title:	
Street Address:		City:	
State/Province:	Country:		Postal code:
Phone:	Fax:	email:	
P.O. #	Terms of Sale:		
Supplementary cargo i	nsurance requested? ye	es no	
Shipment will be ready	on:		
CUD IECT. DOUTING	DEOUEST		
SUBJECT: <u>ROUTING</u>	REQUEST		
follows:	ough occan neron i	•	ia their local office; detailed as
. ,			
We ask that you rou for your cooperation		nrough this firr	n until further notice. Thank you
Very truly yours,			
PRINT YOUR NAME:		SNATURE:	
TITLE:	COM	COMPANY NAME:	
ADDRESS:	TI	TELEPHONE:	
FAX:	EMAIL:	D/	ATE: