CTE Delivery App	ointment Reques	t Date	Pages			
Company From (your name)						
Fax#Phone number#						
Total Cartons	Total Weight Ready Date and Time					
DISPATCH NUMBER AN	D COMMENTS:					
Destination\Customer	PO Numb	er Cartons	Weight			
		_				

CTE Delivery Appointment Request	Date	Page
Company		_

Destination	PO Number	Cartons	Weight