



CONNOTE COMPLETION INSTRUCTION

A.C.N. 134 989 343 A.B.N. 42 134 989 343

SERVICE ALL THE WAY | **REGAL TRANSPORT** (incl. PACIFIC TRANSPORT)

3 Kalamunda Road, South Guildford W.A. 6055 P.O. Box 78, Guildford W.A. 6935
Tel: (08) 9376 9600 Fax: (08) 9376 9666
Email: mail@regaltransport.com.au www.regaltransport.com.au

1382427

CONSIGNMENT NOTE

Goods Type (✓) box

General	TEMP
Freezer	
Chiller	

* 1 3 8 2 4 2 7 *

Sender 2

Charge Sender 3

State _____ Postcode _____

Phone No. _____

Receiver 4

Charge Receiver 5

State _____ Postcode _____

Phone No. _____

Charge Third Party 6

7

State _____ Postcode _____

Your Reference	Description of Goods	Items	Weight in kgs	L (cms) x W (cms) x H (cms) x Qty
8	9	10	11	12
TOTALS				
				x x x m ³

NO EXCHANGE | **Chep** | **Loscam** | **DEL** | **P/Up**

GOOD | **REC'D BY REGAL TRANS DAMAGED**

SUSPECTED INT. DAMAGE | **INSUFFICIENT PACKAGING**

INSURANCE IS CLIENT'S RESPONSIBILITY

Terms: Strictly Nett 7 Days

Subject to the terms and conditions endorsed and incorporated overleaf and the carrier's Proposal of Rates and Services, if applicable, please accept the goods described above for delivery.

Consignor's Signature 17 Date _____

JOB # 14 | **QUOTE #** 15

Non returned Chop & Loscam pallets will be charged at \$75.00 each.

Pick-up Driver's Signature 18 Time _____

DANGEROUS AND HAZARDOUS GOODS MUST BE DECLARED

CORRECT/PROPER SHIPPING NAME 13

U.N. No.	CLASS AND SUBSIDIARY RISK	PACKAGING GROUP

SERVICE	AMOUNT
FREIGHT	
PICK-UP/INF.	
DELIVERY/ONF.	
FUEL	
GST	
TOTAL CHARGES	\$

WE ARE NOT COMMON CARRIERS. Please read Terms and Conditions endorsed and incorporated overleaf.

STEP 1: Tick the box that clearly describes the type of freight. In the case of Freezer/Chiller freight, indicate required temperature.

STEP 2: Name, address & phone number of who is sending the freight.

STEP 3: Tick box if the sender is paying for transport.
PAYER MUST HAVE AN ACCOUNT WITH REGAL

STEP 4: Name, address & phone number of who is receiving the freight.

STEP 5: Tick box if the receiver is paying for transport.
PAYER MUST HAVE AN ACCOUNT WITH REGAL

STEP 6: Tick box if someone other than the sender or receiver is paying for transport

STEP 7: Name of account holder paying for transport. If prepaid - PREPAID
PAYER MUST HAVE AN ACCOUNT

STEP 8: Your (Senders) reference number

STEP 9: Describe the goods – **legibly and accurately**

STEP 10: Enter number of items

STEP 11: Weight of freight in kilograms (KG's)

STEP 12: Dimensions of item in **centimetres** (cm). Length x Width x Height

STEP 13: Cross out if **NOT** Dangerous or Hazardous Goods. Otherwise sender must provide details. MSDS must accompany goods.
N.B. DG or hazardous goods will not be handled unless accompanied by an MSDS.

STEP 14: Job number as provided by Regal Transport – to be filled in by driver.

STEP 15: Quote number - if provided by Regal Transport Sales Department

STEP 16: Enter number of pallets. Tick if delivery or Pick-up is to be charged to customer

STEP 17: Sign and date.

STEP 18: Driver or "Receives Depot" must sign, and enter time and date

PLEASE NOTE FAILURE TO COMPLETE THE CONNOTE LEGIBLY AND ACCURATELY MAY RESULT IN FREIGHT DELIVERY DELAYS AND/OR ADDITIONAL CHARGES.