



K's Refrigerated Transport

CONSOLIDATIONS

Date: _____

Organizer: _____

Your Phone: _____

Bill To (if different from organizer): _____

Who's Cutting AWB: _____ Airline: _____ Known Shipper #: _____

CONSIGNEE INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

Origin: _____ Destination: _____ DV\$\$: _____

Shippers:	Full	Half	Quarter	Oversize
1.				
2.				
3.				
4.				
5.				

Please fax to (760) 727-1670

Consolidation fee - \$5.00

C# _____