|  |  |
| --- | --- |
| **Quote No.:**  |       |

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| --- |
| **How would you like PCL to disposition the samples?** |
| [ ]  Discard [ ]  Coordinate Pickup/Drop Off [ ]  Ship Back (Complete Section Below)  |

|  |
| --- |
| **Return Shipping Address:** |
| **Contact Name:** |       |
| **Company:** |       |
| **Address:** |       |
| **City & State:** |       |
| **Zip code:** |       |
| **Phone No.:** |       |
| **Email to send tracking info:** |       |

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| --- |
| **Shipping Instructions:**  |
| **Carrier:** | [ ]  Fedex [ ]  UPS [ ]  Other, Describe:       |
| **Account No.:**  |       |
| **Account No. Billing Address** | [ ]  Same as ship to address [ ]  Other,       |
| **Speed:**  | [ ]  Overnight, 8:30am [ ]  Overnight, 10:30am [ ]  Overnight, 3:00pm [ ]  2-Day [ ]  Ground |
| **Type:**  | [ ]  Parcel [ ]  Freight | Lift gate required: [ ]  Yes [ ]  No |
| **Special Instructions:***(Ie. “Samples will arrive in overpacks, please keep for return shipment”, etc.)* |       |

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| --- | --- | --- | --- |
| **Completed By:**  |       | **Date:**  |       |