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

|  |
| --- |
| **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:** |  |

|  |  |  |
| --- | --- | --- |
| **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.)* |  | |

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