



Consignment note reorder form

To order your preprinted consignment notes please complete the form below and fax to your local PBT branch. PBT will supply your new notes within 24 hours of receipt of your completed form. Thank you for your continued support by choosing PBT.

Company name

PBT Transport account no

Name

Signature

Tel

Fax

Email

Quantity required (min 50 - max 750 consignment notes)

Name of third party to be charged (if applicable)

PBT Transport account no of third party to be charged (if applicable)

There are 3 areas that can be preprinted with your details:

'Sender' box

'Receiver' box

'Description of goods' box

PBT transport Consignment note G.S.T. No. 50-736-210

PBT Transport Limited, PO Box 12-732, Penrose, Auckland. www.pbt.com

Cust Ref: _____ Date: _____

Sender: Your details preprinted here

Receiver: Your details preprinted here

Charge to: (Indicate by X)
☐ Sender
☐ Receiver
Or charge to:
Company name: _____

PBT Account No: _____

1. Depart to door 2. Depot to depot 3. Door to door 4. Door to depot

EXPRESS SERVICE Ready PBT and offer Express (links to freight).
BULLET SERVICE Ready PBT and offer Bullet (links to freight).

SATURDAY DELIVERIES Please call PBT to confirm this service is available.

CHEP PALLETS Number of CHEP pallets used: _____

OWNERS RISK These goods are to be carried at Owner's Risk. This means the carrier will not be responsible for any loss or damage to the goods unless they are damaged or lost in transit.

Insurance Insured goods (indicate by X)
☐ Insured goods (indicate by X)
☐ Uninsured goods (indicate by X)
Insured goods are covered by PBT's standard insurance policy. Uninsured goods are covered by the owner's insurance policy.

No. of packages	Marks	Description of goods	Weight (kg)	Cubic (m ³)
Your details preprinted here				
Totals				

Pick-up driver: _____ Time: _____ Date: _____ \$ _____

Sender to sign
This consignment note is subject to the conditions of carriage of PBT. A copy of these conditions is available on the reverse of the consignment note. The sender acknowledges that they have been made aware of them and accepts they apply to and govern all carriage under this contract.
Sender's signature: _____

Receiver to sign
Received in good order and condition. AM / PM
Receiver's name (please print): _____ Time: _____
Receiver's signature: _____ Date: _____

PBT branch fax numbers:

Whangarei	09-430 6889	New Plymouth	06-755 9689	Greymouth	03-768 5659
Auckland	09-250 0801	Palmerston Nth	06-354 5982	Christchurch	03-344 3551
Hamilton	07-850 7160	Kapiti	06-296 6889	Timaru	03-686 6954
Tauranga	07-572 3977	Wellington	04-570 4151	Cromwell	03-445 4188
Rotorua	07-349 4803	Nelson	03-548 6457	Dunedin	03-474 5389
Napier	06-843 1889	Blenheim	03-577 2409	Invercargill	03-215 4389

