



# FREIGHT VERIFICATION FORM

## I. Member Agency Shipping Information

Date: \_\_\_\_\_  
 Member Agency: \_\_\_\_\_  
 Authorized Contact Person: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
**Shipping** Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## II. Product Category and Customer Information

New Product       Current Product Price Revision      Item # \_\_\_\_\_

Commodity Description: \_\_\_\_\_

Package Size: \_\_\_\_\_

Cases per Pallet: \_\_\_\_\_

Cubic Dimensions of Product: \_\_\_\_\_

Gross Shipping Weight:  
(Should Include Packaging) \_\_\_\_\_

Product Lead Time from  
Member to NYSID Warehouse: \_\_\_\_\_

Freight from Member to NYSID  
Warehouse: \$ \_\_\_\_\_

Freight from NYSID Warehouse  
to Customer: \$ \_\_\_\_\_

Other Relevant  
Ordering/Shipping Information:

Submit completed, signed form to Tim Mott via e-mail or fax to:

New York State Industries for the Disabled, Inc.  
 ATTN: Tim Mott  
 11 Columbia Circle Dr.  
 Albany, NY 12203

E-mail: [jpaul@nysid.org](mailto:jpaul@nysid.org) Phone: 518-694-0280

Fax: 518-455-0380

Member Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

NYSID Freight Approval: \_\_\_\_\_