



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 Phone: 518-694-0280

Fax: 518-455-0380

Member Signature: _____

Job Title: _____

Date: _____

NYSID Freight Approval: _____