

# Courier Request Form

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Please fill out the following information to request a courier. Providing complete and accurate details will help ensure that the shipment is handled efficiently. Send requests to [shipping@vgs-inc.com](mailto:shipping@vgs-inc.com).

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**Requestor Name:\***  *\* Required Field*

**Pick Up Date Requested:\***

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## PICK-UP LOCATION INFORMATION

**Company Name:\***

**Street Address:\***

**City:\***  **State:\***  **ZIP:\***

**Contact Person:\***  **Phone:\***

**Shipping Hours:\***

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## DELIVERY LOCATION INFORMATION

**Company Name:\***

**Street Address:\***

**City:\***  **State:\***  **ZIP:\***

**Contact Person:\***  **Phone:\***

**Shipping Hours:\***

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**VGS Order / PO #:\***

**Additional Notes or Instructions:**

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