

PACER STACKTRAIN - RAIL BILLING FORM

Contract Name: _____ Phone #: _____

Shipper Name: _____

Customer Code: _____ Quote #: _____

Service Origin: _____ Service Destination: _____

Service Type: RR RP PR DP

Inbond: Yes No IT/TE #: _____

Vessel/Voyage #: _____ Port of Discharge: _____

Reference/Booking #: _____

Notify Party: _____

Notify Phone #: _____ Notify Fax #: _____

Fumigate? Yes No Stop Off? Yes No City: _____

Container #	Box Type	Box Size (Length/Height)	Cargo Weight	Empty?	D&H?	# of D&H Pages
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Overdimensional? Yes No Size: _____

Commodity: _____

If Running Reefer, Temp: _____