

PUROLATOR COURIER / BILL OF LADING INSTRUCTIONS

For CANADIAN Destinations ONLY

THE FOLLOWING AREAS **MUST** BE FILLED OUT
BEFORE SENDING DOCUMENTS VIA PUROLATOR.

PLEASE PRINT CLEARLY OR TYPE / VEUILLEZ IMPRIMER OU ÉCRIRE EN LETTRES MOULÉES

BILL TO ACCOUNT NO. / N° DE COMPTE À FACTURER: 1882 261 7413

SHIP MODE / MODE DE TRANSPORT: AIR AÉRIEN, GROUND ROUTIER

PKG / EMBAL: PURO-LETTER, PURO-PAK, OTHER AUTRE

SERVICE: 9 AM, 10:30 AM, 10 h 30, SATURDAY SAMEDI

PAYMENT / PAIEMENT: CASH COMPTANT, CREDIT CARD, CARTE DE CREDIT

SHIPMENT / DETAILS / EXPÉDITION: SENDER EXPÉDITEUR, RECEIVER DESTINATAIRE, WEIGHT / POIDS (KG, LB)

DECLARED VALUE / VALEUR DÉCLARÉE: \$5,000 MAX, MAX 5 000 \$

DESCRIPTION (INCLUDING DANGEROUS GOODS / INCLUANT MARCHANDISES DANGEREUSES): DO NOT SHIP CASH / N'ENVOYEZ PAS D'ESPÈCES

SENDER REFERENCE (IF ANY) / REF. DE L'EXPÉD. PICK UP / QUELLETTE - N° DE CONF. 0006

SENDER SIGNATURE / SIGNATURE DE L'EXPÉDITEUR

SENDER (FROM) / EXPÉDITEUR (DE): UNIVERSITY OF WINDSOR, 401 SUNSET AVE, WINDSOR, ONT. N9B 3P4

RECEIVER (TO) / DESTINATAIRE (À): (Empty)

PUROLATOR'S COPY / COPIE DE PUROLATOR

PUROLATOR

1 888 SHIP-123 www.purolator.com

COURIER INITIALS / INITIALES DU COURRIER: (Empty)

COURIER ROUTE / ITINÉRAIRE DU COURRIER: (Empty)

NO. / N° TYPE: VISA, MC, AMEX

EXP. DATE / EXP. DATE: (Empty)

3rd PARTY TERS: (Empty)

CHARGES / FRAIS: TOTAL AMOUNT / MONTANT TOTAL

THIRD PARTY BILLING NAME & ADDRESS / FACTURATION À UN TIERS (NOM & ADRESSE)

001 1882261741

PUROLATOR'S COPY / COPIE DE PUROLATOR

PRESS HARD YOU ARE MAKING 3 COPIES / APPUYEZ FERMEMENT. VOUS ÉCRIVEZ SUR 3 COPIES.

- #1: Please print your 7 digit **PUROLATOR ACCOUNT NUMBER** here **EXCEPT** when Third Party Billing is being used. (See number 15 below). eg. 1234567
- #1a: Please print your **EXTENSION NUMBER ABOVE** the main "University Phone Number".
- #2a: Please print the name of the person from whom the letter/package is being sent above the printed **401 Sunset Ave.** field.
- #2b: To the right of **401 Sunset Ave.**, please print your Department Name. This is the "Apt/Suite" box.
- #3: The **CURRENT DATE** **MUST** be placed in this box.
- #4: Please print the destination here. There **MUST** be a street address. Deliveries are **NOT** made to P.O. boxes.
The 1st line is for the COMPANY NAME,
The 2nd and 3rd lines are for the MAILING ADDRESS / CITY / POSTAL CODE,
The last line is for the RECEIVER'S NAME.
If there is NO Company Name, the RECEIVER'S NAME **MUST** be in the 1st line.
If at all possible, please include the telephone number in the space provided.
- #5: The Description of Goods **MUST** be completed if "dangerous goods" are being sent.
- #6: **The DEPARTMENTAL or GRANT NUMBER MUST be PRINTED in the SENDER'S REFERENCE field.**

#7: Your SIGNATURE **MUST** be placed in this box. Please print your name beside your signature.

#15: If a Third Party is being billed, please fill out the Third Party's Purolator number, address and other pertinent information. **"X"** the "Receiver Box" and scratch out the "Sender Box" (which is located to the left of the "Receiver Box").

NOTE: ALL Purolator items **MUST** be in Distribution Services **NO LATER THAN 2:30 p.m.** Monday through Friday to be picked up by Purolator that same day. Purolator items received after the cut off time of 2:30 p.m. will be picked up by Purolator the next working day by 2:30 p.m.

Please **PHOTOCOPY / RECORD** the **BILL OF LADING NUMBER** for tracking purposes. Tracking of your letter/package can be done by logging on to "www.purolator.com". You should wait a minimum of 24 hrs. after the letter/package has gone out from Distribution Services to check the tracking progress.

All letters/packages are automatically signed for at the receiver's end.

**PLEASE DO NOT TAKE APART THE PUROLATOR FORM.
THE WHOLE FORM MUST COME TO DISTRIBUTION SERVICES.**

Your copy will be sent to you once the billing has been processed.

Please affix the bill of lading to the front of the item being sent

"REMEMBER TO RECORD THE TRACKING NUMBER."