

SHIPMENT CONTROL FORM (SCF)

This form must be filled out in its entirety and emailed in the following format to Shipping@thepaperstore.com
 A separate SCF must be filled out for EACH PO and sent as attachments in a SINGLE email when multiple PO's are shipping in one shipment request (see example below).

SUBJECT TITLE: SCF (Vendor Name) Po# (s) 10084707

ATTACHMENTS:

Packing list Po#1

Packing list Po#2

SCF for PO#1

SCF for PO#2

EDI VENDORS ONLY: Provide an automated ASN# for EACH PO#
**Shipper Email Signature & Contact Information are required*

Desert Fox Golf

Pick-up Company Name: _____
 40 W. Baseline Road, STE 118
Pick-up Address: _____
 Mesa AZ 85248
City: _____ **State:** _____ **Zip:** _____
 Scott Kovesdy
Contact Name: _____
 480-628-3611
Contact #: _____

Vendor Name (if different): _____

Vendor Contact # (if different): _____
 scott@desertfoxgolf.com

Vendor Contact Email: _____
 10084707

TPS PO Number: _____

VENDOR SHIPPING QUOTE			
Quote information	Quote 1	Quote 2 (not required)	Quote 3 (not required)
Shipping cost:	\$71.22		
Carrier:	FedEx		
Method (Freight/Ground):	Ground		
Transit Time:	5 biz days		

CARTON INFORMATION											
(only required when shipping 20 boxes or less)											
Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)	Box #	Dimension s (inches)	Weight (Lbs.)
1	14x14x14	8.69	6	14x14x14	8.69	11			16		
2	14x14x14	8.69	7			12			17		
3	14x14x14	8.69	8			13			18		
4	14x14x14	8.69	9			14			19		
5	14x14x14	8.69	10			15			20		

NOTE: This PO contains 6 different store locations with each location getting one box as per table above

Does a UPS ground pick up need to be scheduled?

YES - we have NO daily UPS ground pick up; please specify pickup hours: _____

NO

Pallet #	Number of boxes	L x W x H (Inches)	Product weight (Lbs.)	Pallet Weight (avg. 35 Lbs.)	Total Weight	Commodity (i.e. Ceramic mugs)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
27						
28						
*Truck Number:						

Does your pickup location have a loading dock? YES NO (Liftgate is required)

Ring doorbell at STE 118 and 119 for access

Please list any additional special services required at pickup location: _____

(i.e. Truck size restrictions, limited access, etc.)

9AM to 3PM

Shipping Hours: _____

****If shipping more than one FTL (Full Trailer Load) please indicate truck number and fill out a separate SCF form for each truck. ****