

## SHIPMENT CONTROL FORM (SCF)

This form must be filled out in its entirety and emailed in the following format to [Shipping@thepaperstore.com](mailto: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) 10086326

**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 85210

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
 Scott Kovesdy

**Contact #:** \_\_\_\_\_  
 480-628-3611

**Vendor Name (if different):** \_\_\_\_\_

**Vendor Contact # (if different):** \_\_\_\_\_  
 scott@desertfoxgolf.com

**Vendor Contact Email:** \_\_\_\_\_  
 10086326

**TPS PO Number:** \_\_\_\_\_

VENDOR SHIPPING QUOTE			
Quote information	Quote 1	Quote 2 (not required)	Quote 3 (not required)
<b>Shipping cost:</b>	\$30.79		
<b>Carrier:</b>	FedEx		
<b>Method (Freight/Ground):</b>	Ground		
<b>Transit Time:</b>	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	12x6x6	2.875	6			11			16		
2	12x9x9	5.75	7			12			17		
3	12x9x9	5.75	8			13			18		
4			9			14			19		
5			10			15			20		

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						
<b>*Truck Number:</b>						

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

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. \*\***