**Appt #** _____

# REQUEST FOR SHIPMENT APPROVAL

**LIDS Distribution Center**

**ATTN: Logistics Department**
**7555 Woodland Drive**
**Indianapolis, IN 46278**
**Phone: (317) 333-5212**
**Fax: (317) 337-8496**

**Company Name** _____

**Primary Contact:**
**Judy Reid, Logistics Coordinator**
**email address:** judy.reid@lids.com
**Phone: (317) 333-5212**
**Fax: (317) 337-8496**

**Contact Name** _____

**Contact Email** _____

**Alternate Contacts:**
**Vivian Benberry Logistics Coordinator**
**email address:** vivian.benberry@lids.com
**(317) 333-5461**

**Phone Number** _____

**Fax Number** _____

**Street Address** _____

**REQUESTS CAN TAKE 24-48 HOURS FOR APPROVAL!**

**City & State & Zip** _____

**Carrier** _____

**Ship Date** _____

**PLEASE ADD QUOTE ID # TO SIGNED BOL:** | **DC** | | **DIRECT** |

**** PLEASE ADD ALL THE INFORMATION BELOW TO THE SIGNED BOL AND RETURN WITH A PRO NUMBER *******

| Hat World PO # | # of Units | # of Cases | Wt | # of Pallets | Pallet size Length | Width | Height | NMFC # - | Class # | HM |
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| Total | | | | | | | | | | |

**Approved By:** _____

**Authorization Number:** _____

**Pro #** _____
or
**Tracking #'s** _____

_____

_____

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_____

**Do not add EXTRA PO's or PALLETS to the shipment after you have received routing.**
**Make sure that the weight is accurate and your PALLETS do not have anything over hanging.**

Revised: 03/15/2010