Appt # _____

REQUEST FOR SHIPMENT APPROVAL

LIDS / LIDS Team Sports Distribution Center

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

Primary Contact:

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

Alternate Contacts:

Mark Voll, IC/QC Supervisor
email address: mark.voll@lids.com
(317) 333-5207

Cory Norton DC Coordinator
email address: cory.norton@lids.com
(317)333-5132

Company Name _____

Contact Name _____

Contact Email _____

Phone Number _____

Fax Number _____

Street Address _____

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
Total										

Approved By: _____

Authorization Number: _____

Pro # _____

or

Tracking #'s _____

_____

_____

_____

_____

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.