

Appt # _____

REQUEST FOR SHIPMENT APPROVAL



LIDS Team Sports Distribution Center



ATTN: Logistics Department
5349 WEST 76TH STREET
Indianapolis, IN 46268
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

Company Name _____
Contact Name _____
Contact Email _____
Phone Number _____
Fax Number _____
Street Address _____
City & State & Zip _____
Carrier _____

Alternate Contacts:

Danny Davison LTS Supervisor
email address: danny.davison@lids.com
(317) 2587607

Steve Schulten Receiving Supervisor
email address: steve.schulten@lids.com
(317) 3406731

Vivian Benberry Logistics Coordinator
email address: vivian.benberry@lids.com
317-3335461

REQUESTS CAN TAKE 24-48 HOURS FOR APPROVAL!

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 *******

Lids Team Sports PO #	# of Units	# of Cases	Wt	# of Pallets	Length	Pallet size		NMFC # -	Class #	HM
						Width	Height			
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.**