

Corporate Logistics Department Routing Request Form

Date: _____

Company Name: _____ Contact Name: _____

Phone Number: _____ Ext. _____ Date Product ready: _____

Email Address: _____ Fax Number: _____

Address or Pick Up (One location per form) _____

Phone Number of Pick up location (if different from above): _____

Shipping Hours: _____ thru _____

Purchase Order Numbers	Cartons	Pairs/Unit	Weight	Cube	Distribution Center

Any questions please contact the Domestic Routing Coordinator at (615) 367-7744 or by email to traffic@genesco.com.

Please fax the completed form to (615) 367-7157 or email to traffic@genesco.com.

Incomplete forms will be returned to the sender, the product will not be scheduled for pickup until a completed form is received.

**** The bill of lading must be faxed within the next business day after truck departure. ****