

COMPLETE THIS FORM PRIOR
TO ARRIVAL AT OUR FACILITY



SAVANNAH TERMINAL

280 Brampton Road
Garden City, GA 31408

REQUEST FOR TRUCK PROCESSING

Consignee _____

Address _____

City _____ State _____

Customer Reference #	Product name	Compartment No.	Gauge to load to (Inches)	DOT Capacity (from DOT plate) In gallons	Pounds or Gallons to Load

Please have your latest cleaning certificate ready! (For loads only)
Please have the latest version of your strapping table readily available.

Name of Carrier _____

Tractor No. _____

Trailer No. _____

Container No. _____

Scheduled for _____ at _____ am/pm
Please be at our terminal gate 15 minutes early to allow for check in.