



# THE MAZEL COMPANY Request for Routing

Routing and Shipping for PO # \_\_\_\_\_

**Freight terms are Collect**

**Ship Date** \_\_\_\_\_

**Cancel Date** \_\_\_\_\_

Complete this form and FAX to (440) 498-0755 for routing. Direct any questions to Mazel Traffic Department at (440) 248-5200. Shipments not routed by Mazel will result in a charge back for ALL freight charges.

The Purchase Order number MUST appear on Freight Bills, Packing Slips, Invoices and Cartons. A Packing Slip must accompany shipment. When shipment is made, fax a copy of the Packing Slip to the appropriate ship to location.

Ship to:

**The Mazel Company  
31000 Aurora Rd  
Solon, Oh 44139  
Delivery Appt Required  
Call 440-349-4735**

Vendor Name: \_\_\_\_\_ Pick up address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ - \_\_\_\_\_

Traffic/Routing Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ - \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_ - \_\_\_\_\_

### MAZEL TRAFFIC DEPARTMENT INFORMATION

Total: Cartons \_\_\_\_\_ Weight \_\_\_\_\_ Cube \_\_\_\_\_ No of Pallets \_\_\_\_\_

Truckload: **Y N** Less than Truckload **Y N** Is order complete? **Y N**

Expected # of T/L: \_\_\_\_\_ Expected # of LTL Shipments: \_\_\_\_\_

Will shipment be:

1. Palletized **Y N** Pallet Height \_\_\_\_\_ 3. Hand stacked? **Y N**  
2. Slip Sheeted **Y N** Pallet Height \_\_\_\_\_ 4. Floor Loaded **Y N**

Shipping Hours \_\_\_\_\_ Appointment: **Y N**

Driver Assistance: **Y N** If yes, Detail: \_\_\_\_\_

**If MSDS ( Chemical, Flammable, Hazardous) contact Mazel Company Traffic at 440-248-5200, ext 147.**

**Temperature Sensitive YES NO Refrigeration Required YES NO**

### MAZEL TRAFFIC USE ONLY

CARRIER: \_\_\_\_\_ RATE: \_\_\_\_\_