**Rochester Metals Shipment Request Form**

**Fill out the form, save the document and email to:**

 **tiemfreightinvoices@tmco-op.com**

**Requested by:** Enter Requested By Name

**Pick up Location:** Enter Pick-up Location

**Address:**

**City:** Enter City **State: Zip:** Enter Zip

**Phone Number:**

**On Site Contact:**

**Ready time:**

**PO Number:** Enter Purchase order number **PO Due Date:**

**Deliver to: ROCHESTER METAL PRODUCTS CORP**

**Address: 616 INDIANA AVENUE**

**City: ROCHESTER State: IN Zip: 46975**

**Receiving Hours: 6AM – 10PM (M-F)**

**Receiving Contact: Barb or Brandon Phone: (574) 223-3164**

**Must deliver by** if applicable **Date:** Select date **Time:** HH**:**MM[ ]  **AM** [ ]  **PM**

**Shipment Information (All Highlighted fields must be completed)**

**Commodity or Description:** Commodity

**NMFC Number :** Enter NMFC **Class:** Enter Class

**Number of Pieces/Skids: Total Weight:** Enter Weight

**Dimensions: x x *-OR-* Floor Space needed:** feet  **Feet**

**Is this Hazardous? No**[ ]  **Yes** [ ] **Haz Mat Commodity and Class:** Commodity

**Is this stackable? Yes** [ ]  **NO** [ ]  **UN #:**

**Special Instructions:** Enter special instructions