

WWW RETURNS ROUTING REQUEST FORM

For use with collect returns greater than 3000#
and/or returns shipping from a non-direct carrier point

Party Requesting Routing _____

Shipper Name _____

Complete Shipping Address _____

Contact Person & Phone # _____

Shipment Ready Date & Time _____

Shipper Closing Time _____

Commodity _____

RA/RE# _____

Pieces & Weight _____

Dimensions of Each Piece _____

Dimensions of pallet(s) if shpt is palletized

Delivery Location _____

Complete name, address, contact & receiving hours if
non-WWW location

Email completed form to TrafficDL@wwwinc.com.

*** Absence of any of the above required information may cause delay
in the processing of your request**