



LoVLA Request Form



Customer Contact Information

Customer: Phone:

Contact Person Name: Email:

Title: Address:

Pickup Contact Name:
(If different from Contact Person)

Phone:

Email:

Order Description

Stock Item ID	Item Description:	Qty:	Unit:	Unit Cost:
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Port Authorization

Name: Phone:

Title: Email:

Signature: Date:

For GSD Warehouse Use Only

FMS Transaction #	Date Customer Contacted	Date
Order Date:	Order Confirmation:	
Scheduled Pick up Date:	Pickup Confirmation:	