Small Parcel Sign-Up Form

Company Name: ________________________________________________________________

Pickup Address: __________________________________________________________________

Accounting Email (for billing): _____________________________________________________

Pickup Coordinator Contact Information:

Name: __________________________________________________________________________

Phone Number: __________________________________________________________________

Email Address: ___________________________________________________________________

Business Hours: __________________________________________________________________

Preferred Carrier: (UPS, FedEx, Lone Star Overnight, or Cheapest Option) _______________

Estimated shipments per day/week: __________________________________________________

Preferred Shipping Method (Ground/ Next Day Air, Etc.):
______________________________________________________________________________

How would you like pickups to be scheduled?

Daily Pickup (An additional fee may apply)

Schedule an On-Call Pickup (An additional fee may apply)

Find a carrier location near you to drop the package (No pickup will be scheduled and there will be no additional fee)

Any other special instructions: __________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Return form to: Southeast Vocational Alliance
Email: TVMDL@svalogistics.com
Or Fax: 844-405-7250

Contact Information:
Taylor Blake or Clinton Kennedy
Phone: 800-743-8440