

Underticketing Query Form

- Please complete this form in full as much as possible
- Please submit your query within seven days of invoice date
- All queries should be accompanied by verification of actual weight/cubic wherever possible e.g. packing slip, manufacturer specifications etc.

Query Date: _____

Name of your Company: _____

Contact person: _____

Contact Telephone Number: _____

Re Invoice Number (CSL Ref) : _____

Invoice Date (CSL Ref) :

Consignment Details			
Destination:	_____		
Ticket Type:	_____		
Base Ticket Number(s):	_____		
XS Ticket Number(s) if used:	_____		
Weight (kg) and Cubic (m3) as invoiced:	Kg	/	m³
Correct Weight and Cubic	Kg	/	m³
Description of goods and quantities sent:			
Additional details you wish to advise:			

Fax or email this form to: 03 341 5505 or accounts@couriersolutions.co.nz

CSL Use Only – Week Charged: