

SHIPPING REQUEST FORM



Print completed form and attach to your shipment or email to:
dtc_distribution@discounttire.com

Bring package(s) to the Distribution Center by 3:30PM for processing

Date: _____

REQUESTED BY:

Name: _____

Ext: _____

Email: _____

Dept: _____

SHIP TO REGION: _____

SHIP TO STORE: _____

SHIP TO ADDRESS: (FedEx/UPS cannot ship to a PO Box)

Attention: _____

Company: _____

Street: _____

Floor/Suite: _____

City/State: _____

Postal Code: _____

Phone: _____

PROOF OF DELIVERY **RESIDENTIAL**

SERVICE LEVEL: _____

BILL TO: _____ **ACCOUNT#:** _____

COMMENTS:

SHIPPING LABELS: