



Johns Creek, GA 30092
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EMIT 321982

SENDER (Your Name) _____ TEL _____

COMPANY (Name) LE CREuset SERVICE GROUP _____

STREET ADDRESS (Dept./Box) 5 HAZARD PARK _____

CITY _____ SUBURB _____

STATE _____ ZIP _____

NO. OF PACKAGES 1 _____

DESCRIPTION OF PACKAGE 120 100 198 _____

LENGTH CM _____ WIDTH CM _____ HEIGHT CM _____

VOLUME WEIGHT KG _____ ACTUAL WEIGHT _____

SPECIAL INSTRUCTIONS _____

TEST WEIGHT (OFFICE USE) _____

SERVICES PLEASE SELECT SERVICE ☒ IN BOX _____

DOOR TO DOOR ECONOMY ☐ DIRECT LOAD ☐ AIR ☐ SAME DAY ☐ HAZARDOUS CARGO ☐

OFFICE USE ONLY NAME _____ DATE _____ SIGN _____

CHECKED IN _____

CHECKED OUT _____

CHECKED IN _____

CHECKED OUT _____

RECEIVER'S SIGNATURE _____ DATE _____

PRINT NAME _____

PHONE NO. _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

WE DRAW YOUR ATTENTION TO THE STANDARD VERSION OF OUR TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.

YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.