

174 Cabot Street
W. Babylon, NY 11704



Tel: 631-753-1500
Fax: 631-753-1504

Verbal Authorization

Terminal _____

Phone _____

Fax _____



Original Shipper _____

Name _____ Original Pro# _____

Street Address _____

City _____ State _____ Zip _____

Instructions _____

Return to Shipper

Redeliver

Reconsignment

Authorization from Responsible Party _____

RTI Representative _____

(SIGNATURE)

(TITLE)

(DATE)