



Courier Request / Chain of Custody Form

Please complete this form and return to courier@acslabcannabis.com

SERVICE OPTIONS

- Standard Courier Service (sample pickup / drop-off between 10:00am - 3:00pm)
- Off-Hours Courier Service (sample pickup / drop-off before 10:00am or after 3:00pm)

* Items must be available at the earliest time for pickup. If the samples are not available and the courier is able to wait for the samples, he or she will.

** Client is responsible for packing samples at desired shipping conditions.

PICKUP / DROP-OFF INFORMATION

- Single Pickup / Drop-off (record date)
- Recurring Pickup / Drop-off (record days)

PO #: _____

Contact Person: _____

Contact Phone #: _____

Contact E-mail: _____

Pickup / Drop-off address: _____

Billing address: (if different than pickup address) _____

Earliest time for pickup* / Drop-off: _____

Latest time for pickup / Drop-off: _____

**Number and description of items to be picked up: _____

Additional information: (if applicable) _____

CHAIN OF CUSTODY

Request Submitted by: _____

Printed

Signature

Date

Client Signature at time of pickup / drop-off: _____

Printed

Signature

Date

Courier Signature at time of pickup / drop-off: _____

Printed

Signature

Date

FOR INTERNAL USE ONLY

Courier Scheduled by: _____
Initials Date

Delivery Received by: _____
 (N/A for drop-offs) Initials Date

FORM 39

Courier Arrival At Client
 Date: _____
 Time: _____
 Initials: _____