BIG CHILL DISTRIBUTION LTD

PICK UP FOR RETURN REQUEST



Email for North Island Customers: Phone: 09 272 7443 nimanifest@bigchill.co.nz Fax: 09 273 7164 **Email for South Island Customers:** simanifest@bigchill.co.nz **Customer Name: Account Code:** Pickup Date: Pick Up Address: **Contact Person:** Weight (KG): Ref No: No. Ctns/Ties: No. Half Pallets: No. Pallets: **Return Address: Special Instructions:**