



## Preprint Request Form

The physical address for the shipper must match the physical address as shown in our Known Shipper database.

**Shipper's account number:** \_\_\_\_\_ **Customer ID #:** \_\_\_\_\_

Shipper:		
Physical Address Only:	Phone:	
City:	State:	Zip Code:

**Consignee's account number:** \_\_\_\_\_ **Customer ID #:** \_\_\_\_\_

Consignee:		
Physical Address Only:	Phone:	
City:	State:	Zip Code:

Origin: _____ Destination: _____ Handling Info: _____
Nature and Quantity of Goods: _____

**Please circle the number being requested: 25 50 75 100 125 150**  
 (If more preprints are required, please call us at 800 225 2752)

<b>Indicate delivery method by circling:</b>
<b>1. To the origin cargo office</b> <b>2. Shippers address</b> <b>3. Other (please specify below)</b>
Name: _____
Address: _____
City/State/Zip: _____

**Preprints requested by:** Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Send completed forms to: **Alaska/Horizon Cargo Services – SEAFI**  
**PO Box 68900**  
**Seattle, WA 98168-0900**  
 Or fax your request to: **(206) 392 2621**

Please allow 2-3 weeks for delivery. If you have any questions, please contact us at (800) 225-2752.

\*\*\*\*\* Please call (800) 225-2752 if Preprinted International Air Waybills are needed.\*\*\*\*\*