

Quick Pay Request

Company Name: _____

Contact Name: _____

Address: _____

Date of request: _____

Phone: _____

Fax: _____

Invoice # _____

Date Delivered: _____

BOL# _____

I have attached a copy of the Bill of Lading,
which includes a clearly signed Proof of Delivery

Galleon Enterprises

PO Box 3339
Langley, BC
V3A 4R7

Phone: 604.514.8801
Fax: 604.533.9511
Email: sales@galleonfreight.com