



612 Spadina Cres E
Saskatoon SK S7K 3G9



SHIPPING/RECEIVING LABEL

Please Note: This label is to be on each container delivered

(Please type or print clearly)

Company Name: _____

Contact Name and Phone #: _____

On-Site Contact Name: _____

Date of Function: _____ Function Room: _____

Name of Function: _____

Item #: _____ of: _____

Please Note: We do not have a loading dock