



Client Access Form To Sameday Website/On-Line Shipping

Account Number:	
Company Name:	
Contact Name:	
Address 1:	
Address 2:	
City:	
Province:	
Postal Code:	
Telephone:	
Email Address:	
Email Address for confirmation of pick up requests:	
Telephone number for confirmation of pick up requests:	
Customer Signature:	
Sales Representative:	
Date Requested:	

Please allow 24 hours for Set Up.

Please fax a signed copy to Jacqueline McHarg at (905) 676-8368. Any questions you may have can be directed to the **Shipping Dept @ 1-877-744-7797** or samedaycustautomation@sameday.ca

NOTE: Sameday Worldwide will make every attempt to pick up your shipment(s) on the day it was requested. However, if pick up requests are received at the terminals after our local cut off times we reserve the right to pick up the shipment the following day if we are unable to pick up from your location before the end of the business day.

This area completed by Sameday Worldwide:

Account ID:

Password: