

A.3 Request Authorization to Ship to the MDC or CDC

Authorization To Ship (ATS)

Request Form

Toronto Distribution Center
 636 Marcove Road
 Mississauga, Ont.
 Tel: 905-795-4705
 Fax: 905-795-4710
 Att: ATS Clerk Office
atsrequest@forzani.com



Calgary Distribution Center
 5808 - 51st Street SE
 Calgary, AB
 Tel: 403-723-4355 / 403-723-4354
 Fax: 403-279-6459
 Att: Bill McCarthy / Stephanie Baril
bmccarthy@forzani.com
sbaril@forzani.com

VENDOR NAME

VENDOR SHIPPING INFORMATION	
DATE	
SHIPPING ADDRESS	
VENDOR CONTACT	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
TOTAL # OF PAGES:	

SHIPMENT INFORMATION									ORDER TYPE		EDI INFORMATION			FGL USE ONLY
PURCHASE ORDER NUMBER	BANNER NAME	TOTAL # OF CASES	TOTAL # OF UNITS	TOTAL WEIGHT	TOTAL # OF PALLETS	PRE-PACK ORDER	BULK ORDER	PRE-TICKETED ITEMS	REGULAR	CROSS DOCK	VENDOR SHIPMENT NUMBER	DATE ASN TRANSMITTED	REQUESTED SHIP DATE	ATS NUMBER
Sample: 5324508	Sport Chek	200	1000	100 lbs	6	No	Yes	Yes	Yes	No	123456	7/30/2009	8/4/2009	

CARRIER INFORMATION	
CARRIER NAME:	
PICK UP / SHIP DATE:	
APPOINTMENT TIME:	
COMMENTS:	

Special Instructions:

Grey Areas are for FGL Use only

- * FGL will arrange for pick up with the carrier (based on appointment date & location). Applies to TDC shipments ONLY!
- * Prepaid vendors must indicate the carrier name in the Carrier Information Section of this form.
- * Refer to Vendor Standard Manual (VSM) for complete instructions.