Delivery Request – Papechay Inc. Logistics

DELIVERY / COURIER REQUEST FORM

Company / Organization: _____
Contact Person: _____
Phone: _____
Email: _____
Pickup Address: _____
Drop-off Address: _____
Type of Delivery (medical / package / document): ___
Pickup Date & Time: _____
Special Instructions: _____

Submit to: ceooffice@papechay.com