



Please email completed form to:  
Webmaster@tropical.com

## CONSIGNEE BILL OF LADING / DOCUMENT RELEASE AUTHORIZATION

Date: \_\_\_\_\_

Personal / Business Name(s):  
(list all that apply)

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Address:

Telephone:

Fax:

Email:

Please give full name of Individual, Broker or Trucker authorized to pick-up Bill of Lading or documents from Tropical Shipping.

I, \_\_\_\_\_ authorize the following to pick-up documents.

PRINT NAME

FULL NAME	INDIVIDUAL	TRUCKER	BROKER
JOHN DOE	X		

If you would prefer to have your bill of lading or documents emailed or faxed, (**ONLY**) please indicate: X and give email or fax if different from the above.

BILL OF LADING / DOCUMENTS EMAIL	BILL OF LADING / DOCUMENTS FAX

This information will be kept on file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_