

Will Call Pickup Request Form

Form must be completed and submitted at least 48 hours prior to requested pickup. Submit via email to: logistics@nexgenbp.com or upload directly in the NEXGEN Customer Portal.

1. Customer & Order Information

Company / Customer Name		
Contact Person		
Phone		
Email		
Order / PO / Sales Order Number		
Products & Quantities to be picked up <i>(e.g., 14 pallets of 3/4" Structural Floor Panels + 8 pallets of 1/2" Underlayment)</i>		
Requested Pickup Date		
Preferred Time Window	Morning (8-12)	Afternoon (12-4)

2. Carrier / Trucking Company Information (Required)

Carrier / Trucking Company Name		
USDOT# or MC# (Motor Carrier Authority)		
Driver Name		
Driver Phone Number		
Tractor Number		
Preferred Time Window		

3. Special Loading Requirements (Required)

Load must be shipped on flatbed and must be tarped (NEXGEN requires all Will Call loads to ship on flatbed trailers and be fully tarped for protection)



4. Agreement & Acknowledgment

By submitting this form and dispatching a carrier to NEXGEN, I (on behalf of the Customer and Carrier) confirm:

- I have read and agree to comply with the full NEXGEN Will Call Pickup Policy.
- All information provided is accurate.
- The driver will arrive with the printed copies of the Bill of Lading (BOL) and Logistics Order (LO) in hand and will verify product/quantity before signing.
- NEXGEN may refuse loading if any policy requirements are not met.

Printed Name (Customer / Carrier Representative) _____

Signature _____

Date _____

■ Submission Instructions

Email completed form to logistics@nexgenbp.com
OR upload directly in the NEXGEN Customer Portal under "Schedule Will Call".

■ NEXGEN Logistics Contact

Phone (727) 620-3334
Email logistics@nexgenbp.com

■ Office Use Only

LO Number	_____		
Appointment Confirmed	Yes	Date/Time	_____
Internal Notes	_____		