

# Rail Billing Form

**DOMESTIC CONTAINER TRANS. INC.**  
**650 N. ROSE DRIVE, # 611**  
**PLACENTIA, CA. 92870**  
**PH: (714)630-8034**  
**FAX: (714)630-8035**  
**dave@dctrans.com**

ORDERED BY: \_\_\_\_\_

CUSTOMER REF NUMBER : \_\_\_\_\_

ORDER DATE: \_\_\_\_\_

CUSTOMER : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAX: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

<b>Quote No.</b>	<b>Patron Code</b>	<b>Prepaid/Collect</b>	<b>Rail Authority</b>	<b>B/L No.</b>	
<b>Unit Number</b>	<b>Loaded/Empty</b>	<b>Length</b>	<b>Intl/Dom</b>	<b>TOFC/COFC</b>	<b>Plan</b>
<b>Commodity</b>	<b>STCC:</b>	<b>Hazardous</b>	<b>Weight</b>	<b>Pieces</b>	
<b>Origin Ramp</b>					
<b>Destination Ramp</b>					
<b>Notify on Arrival</b>		<b>Notify Party</b>		<b>Phone Contact</b>	
<b>Dispatch Notes</b>					
<b>Billing Notes</b>					
<b>Pickup Notes</b>					
<b>Delivery Notes</b>					
<b>Shipper</b>			<b>Cosignee</b>		
<b>Shipper</b>			<b>Cosignee</b>		
<b>Shipper</b>			<b>Cosignee</b>		
<b>Junctions:</b>			<b>Routing:</b>		