

PACER STACKTRAIN

RESTRICTED COMMODITY REQUEST FORM

Contract Holder Name - _____

Contact Name - _____ Phone # - _____

Proper Shipping Name of Commodity - _____

STCC Classification Code - _____

Commodity Description (be as specific as possible, including packaging and loading description)

Beneficial Owner Shipper - _____

Shipper Location - _____

Consignee - _____

Consignee Location - _____

Actual Origin of Shipment - _____

Actual Destination of Shipment - _____

Additional Comments:

Please complete and fax this form to the Director of Pricing, Pacer Stacktrain at (510) 272-8915. Shipment of any Restricted Commodity without completion of this request form and the prior written approval of the Director of Pricing, is prohibited. Please refer to the Restricted Commodities section in the Pacer Stacktrain Guidelines, and to the various rail carriers' intermodal circulars for more details on restricted commodities.