Burlington Appointment Scheduling Form

Burlington Stores, Inc.

Appointment Scheduling Form Revision 9.0

* Indicates required information

*Carrier:
*SCAC:
Trailer Number:
Requested Appo
Requested Appo
Drop / Live:

Date:
*Contact Name:
*Contact Telephone #:
*Contact email:

* Shipper / Vendo	* City	* State	Pick Up Date	BOL #	PRO #	uting Confirmati Number / TMS Shipment ID	Stop Seq	* PO # (9 digits)	* PO Carton Count	Palletized?(Y/N)
								* Total Carton Cou	0	

* There are additional POs on following sheet (YES/NO) No
* Please indicate total number of cartons on the entire trailer 0

Burlington Stores requires that appointment requests be submitted a minimum of 2 days in advance of the POs Do Not Deliver Before Date to account for appointment scheduling.
If you have not received an appointment confirmation within 24 hours, please contact the scheduling department at:
EAST COAST: Burlington.ASM@burlington.com
WEST COAST: Burlington.ASM@burlington.com
609 387-7800 Ext 73024