NORTHWEST DISTRIBUTION & STORAGE
TRANSFER OF PRODUCT / BOL - DISTILLED SPIRITS

Ship Date: _____

Transfer #: _____

Carrier: _____

In Bond ☐

Tax Paid ☐

Shipper

Bond Number _____

Name _____

Street _____

City/St/Zip _____

Email of Contact for Revisions _____

Phone of Contact for Revisions _____

Consignee / Destination

Bond Number DSP-OR-20130

Name Northwest Distribution and Storage, Inc.

Street 1895 16th St. SE

City/St/Zip Salem, OR 97302

Pallets Shipped: _____

Pickup At: _____

Produced At: _____

Product Setup Form Submitted to inventory@nwdist.com ☐

Copy of Transfer of Product Form Submitted to inventory@nwdist.com ☐

BBL ☐ Case ☐	Rck/Plt	Description	App. / Other Des.	Product Code	Btl Size	Btl / Cs	Alc. %	Prod Date Lot Code	Weight	Gallons

Barrels	Racks	Weight	Gallons
0	0	0	0

Shipper Signature: _____ Carrier Signature: _____ Date: _____ Pallets Received: _____

TTB Regulations require all above information be included on each shipment. Failure to provide this information will result in refusal of shipment and/or storage at NWDS.