



# Preprint Request Form

Please select the information to be preprinted on your waybill. Fields will expand as needed. Please email completed form to Customer Service [lknecht@wpx.com](mailto:lknecht@wpx.com) or fax to (253) 876-2799.

**Thank you for choosing WPX!**

**FORMAT NUMBER:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

## Shipper Information:

**Shipper Name:** \_\_\_\_\_

**Shipper Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## Receiver Information:

**Shipper Name:** \_\_\_\_\_

**Shipper Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## Method of Payment (Bill to):

**Sender Account:** \_\_\_\_\_

**Receiver Account:** \_\_\_\_\_

**3<sup>rd</sup> Party Account:** \_\_\_\_\_

**Billing Reference Number:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_