



WEIGHT CERTIFICATE

Shipper Street Address] _____
 [Address 2] _____
 [City, ST ZIP Code] _____

Shipping Date _____

Customer: _____
 Address _____
 City, ST ZIP Code _____
 Phone Number _____

		Empty Weight	Content Weight	Total Box Weight With Contents		
Unit #						
Unit #						
Unit #						
Unit #						
Unit #						
Unit #						
Unit #						
	Total					

 Employee signature

 Date
