Citi Trends
Citi Trends, Inc.

ADVANCED SHIPPING NOTICE

DATE: _____

Phone: 912-443-4908 **Fax#: 912-443-4900 ATTN: ASN Coordinator** **Email: ASN@cititrends.com**

PACKING INSTRUCTIONS

P.O. # _____ **this is a REQUIRED field, please check appropriate box(es)**

- ☐ Pack solid colors _____ pieces. Assorted sizes (As Per Size Scale) Rubber band together or blister pack, use master carton up to 72 pieces.
- ☐ Pack solid size and solid color in master carton up to 72 pieces.
- ☐ Assorted size & assorted colors in master carton # of pieces. _____
- ☐ Cross dock, assorted size/solid color_____per bundle, _____Color/Sku in a box
- ☐ **TEST- RUSH** -Write **TEST** on cartons
- ☐ Other: _____

Citi Trends Price Tickets: ( ) Yes ( ) No

List the following on the outside of the carton: ***1) Citi Trends, Inc. 2) Citi Trends address: 104 Coleman Blvd, Savannah, GA 31408 3) Vendor Name 4) P.O. number 5) Vendor Style Number 6) Size 7) Ticketed or Not Ticketed 8) Color 9) Number of Pieces 9) Number of Cartons (I.E. 1 of 40)***

SHIPPING INSTRUCTIONS — USE SEPARATE SHEET FOR EACH PO

DO NOT SHIP WITHOUT AUTHORIZED ROUTING NUMBER. FAX OR E-MAIL THIS SHEET WITH PACKING SLIP FOR ROUTING INSTRUCTIONS 48 HOURS BEFORE SHIPPING. WE WILL FAX OR E-MAIL BACK WITHIN 48 HOURS A ROUTING NUMBER, AUTHORIZED CARRIER OR CONSOLIDATOR, AND DATE TO SHIP OR DATE FOR PICK UP.

- ( ) **New York City area FOB Consolidator**
- ( ) **Truck Pick Up**
- ( ) **Los Angeles, CA area ship FOB Consolidator**
- ( ) **UPS** (If under 200 lbs. at Vendor's Expense)

Style	Citi Trends Preticketed Sku#	Color	Size	Units Ordered	Units Shipped	Pcs. Per Inner Pack	Pcs. Per Carton	Inner Packs Per Carton	# Cartons
total									

TOTAL # OF PALLETS: _____ **TOTAL CUBES:** _____ _____ **TOTAL WEIGHT:**_____

Vendor Name_____ **Vendor Warehouse Fax #**_____

Warehouse Address_____ **E-mail**_____

City_____**State**_____ **Phone#** _____

Zip Code_____ **Contact**_____

(1) Authorized carrier/consolidator_____ **Phone**_____**Will pick up on**_____

(2) Date to Ship to Consolidator_____ **Phone**_____ **Routing#** _____

*****Violation will result in a Charge Back*****

****If the ASN is different from the actual packing slip, please e-mail or fax corrected version within 24 hours of pick up or delivery to consolidator.

Revised 4/25/2005