Please include this completed form with your shipment and Ship to the address above

Shipment Date: ________________________________________________

How many packages in this shipment? ______________________________

Approximate weight of the shipment? ______________________________

To whom should the check be payable and where should it be sent? *

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Email/Phone number: ____________________________________________

Do you want your containers returned? ______________________________

Special instructions: _____________________________________________

________________________________________________________________________

*In order to pay an individual over $600.00 for the calendar year we need a completed W9 on file