



CS-001-FRM-3-New Order Form

Company Name: _____
 Customer ID: _____
 Address: _____
 Billing Address: _____
 Ordered By: _____
 Phone #: _____
 Order PO#: _____

****Complete if Shipping to Alternate Address****

Company Name: _____
 Address: _____
 Contact: _____
 Phone #: _____

Container Order Information

Item	Quantity	Purchase / Rental

Special Shipping Requirements:

*****We do not ship orders internationally or the same day they are placed. *****