



Box 366 4001 - 53 Street
Forestburg, AB T0B 1N0
Phone: 780-582-3900

Single DA & FA Drop Off Form

Plant Name or LSD #: _____ **Customer Charge Code**
or Purchase Order: _____
A Plant Location name of LSD Must be Provided

Sender's Company Information (Company sending the units)

Company Name: _____
Street Address: _____
City, Province, Postal Code: _____
Contact Name & Phone Number: _____

Billing Information (Company unit will be getting billed to)

Company Name: _____
Location/Address: _____

Return Address (Where do we send the Reconditioned Unit):

Company Name: _____
Street Address: _____
City, Province, Postal Code: _____
Attention: _____

Preferred Shipping Method: Pre-Paid & Charge Collect (Direct Billed) Acct. #: _____
Preferred Courier: Manitoulin Hi-Way 9 Rosenau Other

* If shipping Pre-Paid & Charge is required, please note that freight charges on our behalf will be added to your invoice

Unit Information

FA DA
Serial Number: _____ Model: _____
Size: _____ Complete Cell Only
Date Sent: _____

When returned, Do you require:

Inlet/Outlet Gaskets (For Complete Units Only) Cell Gaskets (Cell Only Units)

Notes: _____

Print Name: _____ **Date:** _____

Signature: _____ **Position:** _____

Please send a signed completed copy of this form to Prism Integrated Solutions Inc. at the time the units are dropped off, or E-mail the form to: kenton@prismcorp.net; accounting@prismcorp.net

Office Use:
Prism Job Number: _____
Date Delivered: _____