

CUSTOMER OWNED CONTAINERS

Branch: _____ Customer Ship-to Number: _____

Customer Name: _____

Address: _____

Product Name (One product per form): _____

Product Code(s): _____

IBC's:

Manufacturer and Model: _____ New or Refill

Serial Number(s): _____

Weight IBC(s) will be filled to: _____

A copy of the current DOT Test Certificate for each IBC to be filled must be attached if the IBC is more than 30 months old.

DRUMS:

Customer owned drums must be either brand new or reconditioned. All drums must have a UN mark and reconditioned drums must be leak-proof tested and marked with the drum reconditioner's mark.

Weight drums will be filled to: _____

PAILS:

All customer owned pails must be new and UN marked.

Weight pails will be filled to: _____

By signing this page the customer agrees to comply with Harcros Chemicals specifications listed above for filling customer owned containers. Harcros Chemicals reserves the right to refuse to fill any container deemed inappropriate or that does not meet our standards.

Customer Signature: _____ **Date:** _____