



BULK SHIPMENT Form

E-mail: JFalzone@Hazmatinc.com

Call 716-748-8272 - Direct Line / Fax: 716-748-8365

SEND THE COMPLETED FORM TO: Jane Falzone

Person Placing Request: _____ e-mail: _____ Fax#: _____

Company Name & Phone #: _____

EQUIPMENT REQUEST

Vacuum Trailer: Y / N Tanker: Y / N RCRA Empty: Y / N or Commercially Clean: Y / N

Is Pump Required on Trailer? Y / N If so, How Many Feet/Sections of Hose: _____ 2" or 3" hose

Is HazMat Pumping: Y / N Is Drum Wand Needed: Y / N Customer Equipment Involved: Y / N

What are we pumping from (i.e. Drums/Totes/Tank/ Other): _____

Volume Shipping: _____ Frequency: _____ Manifest: Y / N # _____ BOL: Y / N # _____

Ready to Ship Date: _____ Must Ship by: _____

Other Special Needs: _____

DOT SHIPPING NAME / DESCRIPTION:

PICKUP LOCATION

Contact: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Days & Hours of Operation: _____

DESTINATION FACILITY

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Days & Hours of Operation: _____ Delivery Slot required: Y / N

BILLING INFORMATION: List name & address/ PO#

**Credit application must be completed, signed, and references attached for approval by HazMat Environmental Group prior to pickup. Application is available on line or contact Jane Falzone @ 716-748-8272 **

