

CUSTOMER INFORMATION SHEET



Customer Contact Data

Company Name: _____
 Billing (Postal) Address: _____

 Website Address (URL): _____
 Accounts Payable Contact: _____ Tel #: _____ Fax #: _____
 Accounts Payable E-mail Address for Invoice receipts: _____
 Purchasing Contact: _____ Tel #: _____ Fax #: _____
 Purchasing E-mail Address: _____
 Product: _____ Application/End Use: _____ Annual Requirement: _____

Name of Delivery Location &

Shipping/Delivery Address:

****For Liquid Aluminum Sulfate Customers Only- If shipping location is in the state of Pennsylvania. Please provide a copy of the PA DEP Storage tank registration.**

Plant Information

Site Contact (Day Shift): _____ Tel #: _____ Fax #: _____
 (Evening & Weekends): _____ Tel #: _____ Fax #: _____
 E-mail Address, site contact: _____

Please Check Appropriate Unloading Method: Truck Air Plant Air Truck Pump Plant Pump

Discharge line fitting: Flanged 4-bolt Male Camlock Female Camlock

Storage Tank Size: _____ Storage Tank Material Construction : _____

Size and length of hose: 2" 3" No.of feet _____

Delivery Hours: _____ Dedicated Trailer Required?

Temperature Requirement: _____ If yes, note min. and max. temp _____

Who unloads truck? Driver Plant Operator What PPE is Req'd? _____

Will product be drummed or toted off? _____

Do you require a Cert. of Compliance (COC) with your order? _____

Security Requirements?

(i.e. Security Seals, Proof of dedicated trailer, Photo ID, etc.)

Is there a storage tank inspection program in place ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the driver have clear access to the unloading area ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is public access restricted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does customer observe & approve the hookup prior to unloading ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are spill materials readily available on site ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eyewash Station in close proximity (_____ Feet) and in working order ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety Shower in close proximity (_____ Feet) and in working order ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does Tank have secondary containment ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is Tank properly labeled ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a Tank Level Gauge visible to the driver ? Type _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is Tank vented ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Check here if you agree with the attached specification. If not, please attach specification.

Driving Directions

*Please make note of any weight limitations or bridge limitations.

Signature and Job Title: _____

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Customer Account Coordinator Contacts:

Phone: (800) 282-5322 / (410) 354-0100

Fax: (866) 845-7608 / (410) 918-2240

Contact Names:

Brandy Canatella ext. 2404

Melanie Rock ext. 2406

Anja Doyle ext. 2416

Brett McCoy ext. 2414

Information Needed to Process

Orders:

- 1) Forward completed Customer Information Sheet (CIS) to Customer Account Coordinator prior to placing an order for a new ship-to
- 2) Purchase order number
- 3) Ship to/Delivery Address
- 4) USALCO Product Name (example:DeIPAC2020, DeIPAC XG, Aluminum Sulfate)
- 5) Delivery quantity (i.e. 4000 gallons or 44,000 lbs.)
- 6) Delivery Date (for most orders, please allow our standard 3-5 business days ARO, unless otherwise specified)
- 7) E-mail, fax, or call in your orders. We prefer e-mail / fax orders

Email : emailorders@usalco.com

Fax: 877-285-8714

Phone: 800-282-5322

Please visit www.usalco.com to download a copy of our SDS and Product Bulletins.