Attachment “B”

SEAS/EQUAD LOADING DOCK
609-258-4563

SUPPLIER ___________________
GAS TYPE ___________________
CYLINDER ID # ________________
PO # or CR CARD ________________
ACCOUNT # ___________________
CONFIRMATION # ________________
DATE DELIVERED ________________
LOCATION SPEC ROOM/
DATE REMOVED ________________
LAB / SHED # ___________________
CUSTOMER DEPT. PHONE #

DATE RETURNED ________________
LOCATION SPEC ROOM/

EMPTY □ PARTIAL □ FULL □ DID THE CUSTOMER CALL THE SUPPLIER TO SCHEDULE A PICKUP? YES □

ENTER THE P/U DATE ________________
CONFIRMATION # ________________
CUSTOMER DEPT. PHONE #

←Top Half (delivery section)

←Bottom Half (return & supplier pickup section)