



Canister Return Form

Date: _____

Revision #: _____

Author: _____

Approved by: _____

CAV-GRIP III Canister Return

ITEMS AND QUANTITY TO BE RETURNED

CHOICE/ICP Product Name	Flammable Y/N	Shipping Description D.O.T/ UN #	#85 lb (12 Min)*	# of Pallets
CAV-GRIP III	Y	UN3501		

PLEASE REMEMBER:

- CHOICE WILL ONLY ACCEPT #85 lb CAV-GRIP III CANISTERS.
- ANY CANISTERS RECEIVED THAT ARE NOT THIS SIZE WILL BE RETURNED TO THE CUSTOMER AT THEIR EXPENSE.
- PLEASE MAKE SURE WHEN LOADING, THE HAZARDOUS DIAMOND LABEL IS FACING OUTWARD. IT MUST BE VISIBLE TO THE DRIVER, D.O.T. AND 1ST RESPONDERS.
- SECURE AND SHRINK WRAP THE CYLINDERS TO THE PALLET TO INSURE SAFE SHIPMENT.
- CANISTERS WILL NOT BE PICKED UP IF THEY ARE NOT SECURED.

PICKUP INFORMATION

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dock Hours Times: Monday – Friday _____ A.M. to _____ P.M.

Phone Number: _____ Email Address: _____

The following is required to initiate return:

- Minimum of 12 empty 85 lb. cylinders

When the required number of canisters have been collected, please call 434-847-5671, 114 or email: canister@choiceadhesivescorp.com

After the pick-up has been scheduled, a Bill of Lading (BOL) and shipping information will be sent to you. The truckline will return cylinders freight prepaid.

** CHOICE ADHESIVES INTERNAL USE ONLY**

Number of 85# canisters			
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Signature: _____ Date: _____