

Container Information Sheet / Packing List

Customer (Co.) Name: _____

Contact Name: _____

E-mail: _____

Phone: _____

Quote Request: _____ **or P.O. #** _____

MCHS Job #: _____

Please complete info above and include in box with containers to enable us to process your orders / quotes quickly and accurately.

Ship to:

Morrison Container Handling Solutions
335 West 194th Street
Glenwood, IL 60425

Attn: _____

Reference # _____

