

PACKAGING / SHIPPING INFORMATION - REQUIRED

DRY ICE & GASES CO. / FROZEN ON TIME, 50 TITAN RD TORONTO, ON M8Z 2J8

TEL: (416) 252-7137 FAX (416) 253-4506

SENDER INFO:

Name of person sending product: _____
Name of Company: _____
Company Address: _____
Phone # _____ Ext # _____ Fax # _____
E-Mail Address: _____

SHIPPING ADDRESS:

Company Name: _____
Street name & number: _____
Unit / Suite # _____ Attention to: _____
City: _____ State / Province: _____
Country: _____ Zip / Postal Code: _____
Phone # _____ Ext # _____

OTHER INFORMATION:

Product Description: _____
Type of Packaging: _____
Dimensions of each package: _____
Quantity: _____ Weight of each: _____
HTS Code: _____ FDA Product Code: _____
Other Codes: _____ Other Details: _____
Manufacturer's FDA # _____
Manufacturer's Name & Address: _____
Shipping Date: _____ Requested Arrival Date: _____
Packaging Instructions: _____
Dry Ice: _____ Gel Packs: _____ Dry: _____

HOW PRODUCT WILL ARRIVE @ DRY ICE & GASES:

Drop off BEFORE noon: _____ By: _____
Pick up address _____

OTHER COMMENTS / INFORMATION:

