

PORTABLE TOILET DELIVERY REQUEST FAX TRANSMITTAL

Date: _____ Number of Pages (including cover page): _____

To: Chris's Portable Toilets

Phone: (813) 623-6830 Fax: (813) 672-0886

Billing Name: _____

Billing Address: _____

Billing Phone (including area code): _____

Billing Fax (including area code): _____

Ordered By: _____

Accounts Payable Person: _____

Site Name: _____

Site Address: _____

Site Phone: _____

Site Manager: _____

Purchase Order: _____ Job Number: _____

Delivery Date Requested: _____ Pickup Date: _____

No. of Units: _____ Unit Type: _____

Site Directions/Placement Instructions: _____

FAX TO (813) 672-0886

Thank you