



335 West 194th Street | Glenwood, IL 60425 | P: 708.756.6660 | F: 708.756.6620

Today's date: _____

Container Information Sheet/Packing List

Request for Quotation OR **This is Purchase Order No.** _____

Customer (Co.) Name: _____

Contact Name: _____

Email: _____

Phone: _____

MCHS Job Number: _____

Does the customer require these samples to be returned? _____

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



SHIP TO:
Morrison Container Handling Solutions
335 West 194th Street
Glenwood, Illinois 60425

ATTENTION: _____

REFERENCE NUMBER: _____

FROM: