



Box 366 4001 – 53 Street
Forestburg, AB T0B 1N0
Phone: 780-582-3900

DA-FA Drop Off Form

LSD # _____, PO # _____, Job # _____
(LSD MUST BE PROVIDED)

Sender's Company Information (Company sending the units)

Company Name: _____
Street Address: _____
City, Province, Postal Code: _____
Contact Name / Phone No.: _____

Billing Information (Company units will be getting billed to)

Company Name: _____
Location/Address: _____

Return / Shipping Address

Company Name: _____
Street Address: _____
City, Province, Postal Code: _____
Attn: _____

Preferred Shipping Method

Preferred Invoicing Method: Pre-Paid Collect
 Manitoulin Hi-Way 9 Rosenau
 Provost Freight Other _____
Please provide Acct No.: _____

If shipping prepaid is required, please note that freight charges on our behalf will be added to your invoice.

Unit(s) Information

DA's FA's
of Units: _____
Shipping Series: _____
Serial Numbers: _____
Sent/Arrival Date: _____ Finish/Completion Date: _____
Size: _____ Complete or Cell Only: _____
Notes: _____

Signature: _____ Position: _____

Print Name: _____ Date: _____

Please sign and return this completed form to Prism Integrated Solutions Inc. at the time of drop off of units. OR, email this form to the following; dayna@prismcorp.net; kenton@prismcorp.net; accounting@prismcorp.net