APPLICATION FOR SHIPPING INSTRUCTIONS AND NOTICE OF AVAILABILITY		DATE OF APPLICATION	
INSTRUCTIONS (Please type or print) In order that the most economical transportation may be arranged, all information requested MUST BE furnished as accurately as possible. READ ADDITIONAL INSTRUCTIONS ON THE BACK OF THIS FORM.		(1) PURCHASE ORDER NUMBER (2) REQUISITION NUMBER OR TCN	
AlfaKleen Chemical Labs	AlfaKleen Che	AlfaKleen Chemical Labs	
1315 Corte Maltera	1315 Corte Ma		
Costa Mesa, CA 92626	Costa Mesa, CA 92626		
FURNISH COPY TO: (If different than above)			
	(5) CONTRACT DELIVE	(5) CONTRACT DELIVERY TERMS (FOB)	
	Destination		
(6) APPLICANT'S SIGNATURE (7) APPLICAN		TLE	
	President		
(8) TELEPHONE NUMBER	(9) FAX NUMBER		
714-884-3580	714-242-1550		
(10) NSN STOCK CLASS AND ITEM DESCRIPTION			
(11) DESCRIPTION OF SHIPPING PACK INCLUDING THE TOTAL NUMBER OF CONTAINERS BY TYPE, SUCH AS DRUMS, CASES, BAGS, LOOSE PIECES, ETC., AND IF SET-UP, KNOCKED DOWN, NESTED OR OTHERWISE, AND THE WEIGHT, DIMENSIONS, AND CONTENTS OF EACH.		(12) DATE SHIPMENT AVAILABLE	
		(13) TOTAL WEIGHT OF SHIPMENT (lb)	
		NET	GROSS
		(14) TOTAL CUBIC FEET	
		(15) VALUE OF SHIPMENT	
		\$	
(16) PALLETIZED? . IF YES, LIST NUMBER OF PALLET(S) A	AND DIMENSION(S) OF PAI	LLET(S).	
	`,	• •	
AT OUR DOOR OF DEPOS AND			
(17) OVERSEAS ADDRESS MARKINGS (See block 12 of Purchase Order)			
(18) FILL IN ONLY WHEN DELIVERY TERMS ARE FOB ORIGIN			
(Check one block on each line)			
, , , , , , , , , , , , , , , , , , ,			
	CAPACITY OF A MOTOR IVE USE OF A MOTOR VI		
(19) COMMENTS/ADDITIONAL INFORMATION (Optional)			