



WORK PICK-UP LOCATION INFORMATION

Company Name: _____

Address: _____

City: _____ State/Zip: _____

Dispatch Contact: _____

(Must be Available on Day of the Pick-Up)

Dispatch Contact Phone #: _____ Dispatch Contact e-Mail: _____

WORK ORDER REQUEST

Please provide at least two alternatives – minimum of 72hrs in advance

Date(s) Requested: _____

Time(s): 6am – Noon

Noon – 4pm

ERC provides windows of service with either an AM or PM confirmation. If you require any deviations because of any other conflicts please list below:

Drop Off Request:	Pallet Qty	_____
	e-Rack Qty	_____
	Gaylord Qty	_____
	Other Container(s)	_____

Other Supplies:	Shrink Wrap Roll Qty	_____
	Pallet Jack	Yes No
	Hand Truck	Yes No

Pick-Up Request:	Pallet Qty	_____
	e-Rack Qty	_____
	Gaylord Qty	_____
	Other Container(s)	_____

WORK ORDER CONFIRMATION REQUEST

Indicate how you prefer to be notified of your Work Order Confirmation

e-Mail Phone Call