

# Hanson Chemicals

# PACKING SLIP

**SHIP FROM**

Company Name:  
Street Address:  
City/State/Zip Code:  
Country:

DATE

**CUSTOMER ID**

## SALESPERSON

**BILL TO:**

**SHIP TO:**

Company Name:  
Street Address:  
City/State/Zip Code:  
Country:

Company Name:  
Street Address:  
City/State/Zip Code:  
Country:

ORDER DATE	ORDER #	PURCHASE ORDER #	CUSTOMER CONTACT

---

TOTAL:

**Comments:**

If you have any questions or concerns, please contact

[Info@hansonchemicals.com](mailto:Info@hansonchemicals.com) or Phone: 416 457 8271 , 410 330 2867

***Thank You For Your Business!***