

SCRAP PLASTIC/PAPER PAYMENT REQUEST FORM – Fax to 772-781-1393

Purchase Order Reference: _____
Must Complete 1 (ONE) payment request per
Container shipped

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Material Description: _____

Number of Bales: _____

Number of Gaylords: _____ @ _____ lbs each

Number of Pallets: _____ @ _____ lbs each

Van ID #: _____ - _____

Van Length: _____ feet

Seal Number _____

Date Delivered to Port: ____/____/201__

(Month/Day/Year)

Booking Number Reference: _____

Seaway Bill # _____

Material Net Weight: _____ pounds

**(Detailed Invoice Attached: Yes ____ No ____: if NO,
explain _____)**

**(B/L or Seaway Bill Attached; Yes ____ No ____; if
NO, explain _____)**

**(Weight Ticket Attached: Yes ____ No ____: if NO,
explain _____)**

**(Minimum 4 Photos Attached: Yes ____ No ____: if
NO,
explain _____)**

Price per pound: \$ _____ (Attach detailed Manifest if mixed load)

Total Load Value Payment Requested: \$ _____

Payee Name Requested: _____

Payee Remittance Address: _____

City/State/Zip _____

Tel/Fax _____

If payment via W/T:

(If Foreign Bank: Intermediary Bank

Name: _____ Address: _____

SWIFT#: _____ Account Number: _____

Payee Bank Name :

SWIFT #:

Branch Address: _____

Phone # _____

(If USA: ABA # _____) Account # _____

I, _____, certify that the above information is true and correct and accordingly request payment of \$ _____ for same.

_____/_____/201__

Signed

Date