



FOOD - BEVERAGE - EQUIPMENT DISASTER RELIEF FORM

- 1. Food Beverage Equipment
- 2. Manufacturer Distributor Broker

3. We are Committing for Disaster Relief: _____

4. Company Name: _____

5. Product(s) or Services: _____

6. Contact Name: _____

7. Title: _____

8. Address: _____

9. City: _____ State: _____ Zip: _____

10. Phone: _____ Cell: _____

11. Fax: _____

12. E Mail: _____

13. Web site: _____

DONATION

Exact Name of Product: _____

Skew Number #: _____

Location of item in warehouse: _____

Warehouse Address: _____

Warehouse Contact: _____

Phone # of Contact: _____

Best Emergency Phone #: _____

Volume: _____

Quantity per Case: _____

Case(s): _____

Case Weight: _____

Pallet(s): _____

Pallet Weight: _____

Lots: _____

Total Shipping Weight: _____

Are there any mitigating circumstances surrounding this commitment?

DATE: / /